| Name and A | daress of Current Registered Agent: | | | |
|--|--|-------------------------------|---|------------|
| READ, WILLIAN 1616 MAGDALE TAMPA, FL 330 | ENE MANOR DR. | | | |
| The above named | l entity submits this statement for the purpose of changing it | ts registered office or regis | tered agent, or both, in the State of Flo | rida. |
| SIGNATURE | E WILLIAM G READ III | | | 02/24/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized | Person(s) Detail : | | | |
| Title | AMBR | Title | AMBR | |
| Name | READ, KIMBERLY | Name | READ, JULIE | |
| Address | 1616 MAGDALENE MANOR DR. | Address | 1616 MAGDALENE MANOR DR | |
| City-State-Zip: | TAMPA FL 33613 | City-State-Zip: | TAMPA FL 33613 | |
| Title | AMBR | | | |
| Name | READ, WILLIAM G. III | | | |
| Address | 1616 MAGDALENE MANOR DR. | | | |
| City-State-Zip: | TAMPA FL 33613 | | | |

1616 MAGDALENE MANOR DR.

DOCUMENT# L17000157693

Entity Name: READ'S BEACH CONDO, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1616 MAGDALENE MANOR DR. TAMPA, FL 33613

Current Mailing Address:

TAMPA. FL 33613 US

FEI Number: 82-2277042

Name and Address of Current Registered Agent-

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM G READ III

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 24, 2023 Secretary of State 4121651859CC

Certificate of Status Desired: Yes