

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000052941

**Entity Name:** A BEACHIN DAY LLC.

**Current Principal Place of Business:**

249 HONEYSUCKLE WAY  
NICEVILLE, FL 32578

**Current Mailing Address:**

249 HONEYSUCKLE WAY  
NICEVILLE, FL 32578 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CAREY, ADAM BYRON  
249 HONEYSUCKLE WAY  
NICEVILLE, FL 32578 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ADAM CAREY

04/20/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |                 |                           |
|-----------------|--------------------------|-----------------|---------------------------|
| Title           | MANAGER                  | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | CAREY , ADAM BYRON       | Name            | NOLIN, JENNIFER D         |
| Address         | 201 COLLEGE BLVD E<br>46 | Address         | 201 COLLEGE BLVD E<br>46  |
| City-State-Zip: | NICEVILLE FL 32578       | City-State-Zip: | NICEVILLE FL 32578        |

*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:** JENNIFER NOLIN

ADMINISTRATOR

04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date