

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000362989

**Entity Name:** BEACHPLACE VACATIONS LLC

**Current Principal Place of Business:**

13051 SUMMERFIELD SQUARE DR  
RIVERVIEW, FL 33578

**Current Mailing Address:**

13051 SUMMERFIELD SQUARE DR  
RIVERVIEW, FL 33578 US

**FEI Number:** 85-4088483

**Certificate of Status Desired:** Yes

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BRACERO, DOMINICK  
Address 15215 MERLINPARK PLACE  
City-State-Zip: LITHIA FL 33547

Title AMBR  
Name GULLE, GLORIA  
Address 10108 CARAWAY SPICE AVENUE  
City-State-Zip: RIVERVIEW FL 33578

Title AMBR  
Name CAVIEDES, ERIKA  
Address 16304 DUNLINDALE DR  
City-State-Zip: LITHIA FL 33547

Title AMBR  
Name GULLE, FLORENCIO  
Address 10108 CARAWAY SPICE AVE  
City-State-Zip: RIVERVIEW FL 33578

Title AMBR  
Name BRACERO, GRETA  
Address 15215 MERLINPARK PLACE  
City-State-Zip: LITHIA FL 33547

Title AMBR  
Name GULLE, JOSEPH  
Address 16304 DUNLINDALE DR  
City-State-Zip: LITHIA FL 33547

*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:** JOSEPH GULLE

**MEMBER**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date