

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000395466

**Entity Name:** BEARD AFFILIATED LLC**Current Principal Place of Business:**911 W BRANDON BLVD  
BRANDON, FL 33511**Current Mailing Address:**PO BOX 891141  
TAMPA, FL 33689**FEI Number:** 85-4337310**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, NATALIE C  
911 W BRANDON BLVD  
BRANDON, FL 33511 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	AP
Name	MONNIE, GREGORY A JR
Address	2510 BROWN NODDY LN #309
City-State-Zip:	TAMPA FL 33619

Title	AP
Name	MONNIE, GRESHONE T
Address	2510 BROWN NODDY LN #309
City-State-Zip:	TAMPA FL 33619

Title	AP
Name	MONNIE, GIOVANNI J
Address	2510 BROWN NODDY LN #309
City-State-Zip:	TAMPA FL 33619

Title	CEO
Name	WILLIAMS, NATALIE CLEO
Address	PO BOX 891141
City-State-Zip:	TAMPA FL 33689

*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:** NATALIE WILLIAMS

CEO

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date