

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000483

Entity Name: CRYSTAL BEACH PLAZA LLC

Current Principal Place of Business:

1100 SPRING STREET NW
C/O SELIG ENTERPRISES, INC. SUITE 550
ATLANTA, GA 30309

Current Mailing Address:

1100 SPRING STREET NW
C/O SELIG ENTERPRISES, INC. SUITE 550
ATLANTA, GA 30309 US

FEI Number: 48-2511049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGR
Name SELIG ENTERPRISES, INC.
Address 1100 SPRING STREET STE 550
City-State-Zip: ATLANTA GA 30309

Title AUTHORIZED REPRESENTATIVE
Name SELIG, S STEPHEN III
Address 1100 SPRING STREET NW
C/O SELIG ENTERPRISES, INC. SUITE 550
City-State-Zip: ATLANTA GA 30309

Title AUTHORIZED REPRESENTATIVE
Name STEIN, RONALD J
Address 1100 SPRING STREET NW
C/O SELIG ENTERPRISES, INC. SUITE 550
City-State-Zip: ATLANTA GA 30309

Title AUTHORIZED REPRESENTATIVE
Name CLAYMAN, KENNETH J ESQ.
Address 1100 SPRING STREET NW
C/O SELIG ENTERPRISES, INC. SUITE 550
City-State-Zip: ATLANTA GA 30309

Title AUTHORIZED REPRESENTATIVE
Name DEAN, BONNIE
Address 1100 SPRING STREET NW
C/O SELIG ENTERPRISES, INC. SUITE 550
City-State-Zip: ATLANTA GA 30309

Title AUTHORIZED REPRESENTATIVE
Name CHITTY, JO ANN
Address 1100 SPRING STREET NW
C/O SELIG ENTERPRISES, INC. SUITE 550
City-State-Zip: ATLANTA GA 30309

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: TIFFANY NEUHOFF

AUTHORIZED PERSON

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date