

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000230858

Entity Name: BEACH THERAPY FMB, LLC

Current Principal Place of Business:

6435 JAMES ROAD
BETTENDORF, IA 52722

Current Mailing Address:

6435 JAMES ROAD
BETTENDORF, IA 52722 US

FEI Number: 88-2578917

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 MGR
Name CASSEL, DEBORAH H
Address 6435 JAMES ROAD
City-State-Zip: BETTENDORF IA 52722

Title MGR
Name CASSEL, CHARLES T
Address 6435 JAMES ROAD
City-State-Zip: BETTENDORF IA 52722

Title MGR
Name CASSEL, MICHAEL J
Address 9222 179TH STREET WEST
City-State-Zip: LAKEVILLE MN 55044

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: DEBORAH H. CASSEL

MANAGER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date