

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021493

FILED
Apr 03, 2009
Secretary of State

Entity Name: BEARBECK, LLC

Current Principal Place of Business:

7610 SE 170 LONGVIEW LANE
LADY LAKE, FL 32162

New Principal Place of Business:

12837 NW 12TH ROAD
NEWBERRY, FL 32669

Current Mailing Address:

7610 SE 170 LONGVIEW LANE
LADY LAKE, FL 32162

New Mailing Address:

12837 NW 12TH ROAD
NEWBERRY, FL 32669

FEI Number: 82-0566328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, DAVID A
7610 SE 170 LONGVIEW LANE
LADY LAKE, FL 32162 US

Name and Address of New Registered Agent:

HOWE, DAVID A
12837 NW 12TH ROAD
NEWBERRY, FL 32669 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: DAVID A. HOWE

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWE, DAVID
Address: 7610 SE 170 LONGVIEW LANE
City-St-Zip: LADY LAKE, FL 32162

Title: MGR () Delete
Name: HOWE, KATHRYN B
Address: 7610 SE 170 LONGVIEW LANE
City-St-Zip: LADY LAKE, FL 32162

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWE, DAVID
Address: 12837 NW 12TH ROAD
City-St-Zip: NEWBERRY, FL 32669

Title: MGR (X) Change () Addition
Name: HOWE, KATHRYN B
Address: 12837 NW 12TH ROAD
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID A. HOWE

MNGM

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date