

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068308

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: BETHSABE, LLC.

**Current Principal Place of Business:**

10851 S.W. 63 AVE.  
PINECREST, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

10851 S.W. 63 AVE.  
PINECREST, FL 33156 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

DE ABREU, CARMEN E  
10851 S.W. 63 AVE.  
PINECREST, FL 33156 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DE ABREU, CARMEN E  
Address: 10851 S.W. 63 AVE.  
City-St-Zip: PINECREST, FL 33156 US

Title: MGR ( ) Delete  
Name: DE ABREU, JOSE  
Address: 10851 S.W. 63 AVE.  
City-St-Zip: PINECREST, FL 33156 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARMEN E. DE ABREU                      MRS.                      02/08/2009

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