

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075799

**Entity Name:** HOUSES OF BETHEL, LLC

**Current Principal Place of Business:**

790 NW 17TH STREET  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

790 NW 17TH STREET  
POMPANO BEACH, FL 33060 US

**FEI Number:** 20-5359434

**Certificate of Status Desired:** Yes

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

SIMPSON, JOHN  
210 NORTH UNIVERSITY DRIVE  
SUITE 100  
CORAL SPRINGS, FL 33071 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 BETHEL, JACQUELINE  
Address 790 NNW 17TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title MGRM  
Name BETHEL, JACK  
Address 790 NW 17TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title MGRM  
Name MAURICE, JOHNSON  
Address 790 NW 17TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title MGRM  
Name TRECALE, CHARLES  
Address 790 NW 17TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title MGRM  
Name BRITTNEY, BETHEL  
Address 2942 NW 6TH CT  
City-State-Zip: POMPANO BEACH FL 33069

Title MGRM  
Name SMITH, ROBERT H.  
Address 790 NW 17TH ST  
City-State-Zip: POMPANO BEACH FL 33060

*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:** JACQUELINE BETHEL

**MANAGER**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date