

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000100860

**Entity Name:** BEW SERVICES, LLC

**Current Principal Place of Business:**

17908 CADENCE ST  
ORLANDO, FL 32820

**Current Mailing Address:**

P. O. BOX 207  
GOLDEENROD, FL 32733 US

**FEI Number:** 47-4236609

**Certificate of Status Desired:** Yes

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

WILLIAMS, BRIAN E  
17908 CADENCE ST  
ORLANDO, FL 32820 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:** BRIAN E WILLIAMS

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR, CEO	Title	AUTHORIZED REPRESENTATIVE
Name	WILLIAMS, BRIAN E	Name	MCCLENDON, AUDREY E
Address	P.O. BOX 207	Address	P. O. BOX 207
City-State-Zip:	GOLDENROD FL 32733	City-State-Zip:	GOLDEENROD FL 32733
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	WILLIAMS, NATASHA E	Name	MERINO, PORSCHE E
Address	P. O. BOX 207	Address	P. O. BOX 207
City-State-Zip:	GOLDEENROD FL 32733	City-State-Zip:	GOLDEENROD FL 32733

*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:** BRIAN E WILLIAMS

MGR, CEO,

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date