

2023 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, ROLAIN C
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:** ROLAIN C WILLIAMS

04/06/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WILLIAMS, BRIAN E
Address P.O. BOX 207
City-State-Zip: GOLDENROD FL 32733

Title MGR
Name WILLIAMS, ROLAIN C
Address P.O. BOX 207
City-State-Zip: GOLDENROD FL 32733

Title AUTHORIZED PERSON
Name MCCLENDON, AUDREY E
Address P. O. BOX 207
City-State-Zip: GOLDEENROD FL 32733

Title AUTHORIZED PERSON
Name WILLIAMS, NATASHA E
Address P. O. BOX 207
City-State-Zip: GOLDEENROD FL 32733

Title AUTHORIZED PERSON
Name MERINO, PORSCHE E
Address P. O. BOX 207
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

MANAGER

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date