

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000199426

**Entity Name:** BETHEL RESORT LLC

**Current Principal Place of Business:**

100 ERSKINE PLACE  
APT 5H  
BRONX, NY 10475

**Current Mailing Address:**

100 ERSKINE PLACE  
APT 5H  
BRONX, NY 10475

**FEI Number:** 84-2651071

**Certificate of Status Desired:** No

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

HOWELL, SIMON B  
8701 W. IRLO BRONSON MEMORIAL HWY  
SUITE 100  
KISSIMMEE, FL 34747 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 AMBR  
Name ASHLEY, PHILLIP  
Address 100 ERSKINE PLACE, APT 5H  
City-State-Zip: BRONX NY 10475

Title AMBR  
Name ASHLEY-KELLIER, CHRISTINE R  
Address 2058 WOODLAND BROOK DRIVE  
City-State-Zip: DACULA GA 30019

*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:** PHILLIP ASHLEY

AMBR

01/07/2020

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

\_\_\_\_\_  
Date