

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007994

Entity Name: LOU-BETH GROVES LC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

18240 VILLA CITY RD
GROVELAND, FL 34736

New Principal Place of Business:

2342 COUNTY ROAD 664
BOWLING GREEN, FL 33834

Current Mailing Address:

18240 VILLA CITY RD
GROVELAND, FL 34736

New Mailing Address:

2342 COUNTY ROAD 664
BOWLING GREEN, FL 33834

FEI Number: 59-3644333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECK, ANDREA
18240 VILLA CITY RD
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

BECK, ANDREA
2342 COUNTY ROAD 664
BOWLING GREEN, FL 33834 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: BECK, ANDREA
Address: 18240 VILLA CITY RD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: BECK, ANDREW D
Address: 18240 VILLA CITY RD
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BECK, ANDREA
Address: 2342 COUNTY ROAD 664
City-St-Zip: BOWLING GREEN, FL 33834

Title: D (X) Change () Addition
Name: BECK, ANDREW D
Address: 2342 COUNTY ROAD 664
City-St-Zip: BOWLING GREEN, FL 33834

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: ANDREA BECK

DIR

01/08/2009

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