

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90012 046 ****50.00

DOCUMENT # L01000010053

1. Entity Name
THE BEK GROUP, L.L.C.



Principal Place of Business

**4220 SHADOW WOOD RUN
WINTER HAVEN FL 33880**

Mailing Address

**4220 SHADOW WOOD RUN
WINTER HAVEN FL 33880**

2. Principal Place of Business

1757 N. Broadway Ave

Suite, Apt. #, etc.

3. Mailing Address

1757 N. Broadway Ave

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

Zip

33830

Country

USA

Zip

33830

Country

USA

4. FEI Number **59-3726677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Brian Willis

Street Address (P.O. Box Number is Not Acceptable)

1757 N. Broadway Ave

City

Bartow

FL

Zip Code

33830

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brian T. Willis

Brian T. Willis

3/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **WILLIS, BRIAN T**
STREET ADDRESS **4220 SHADOW WOOD RUN**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **MGR** ☐ Delete
NAME **EDWARDS, ELBERT V**
STREET ADDRESS **1407 OAKWOOD LANE**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **MGR** ☐ Delete
NAME **ANDERSON, KENNETH A**
STREET ADDRESS **4817 FIETZWAY ROAD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Brian T. Willis

Brian T. Willis

3/28/03

**863
519-9662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)