

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90051 015 ****50.00

DOCUMENT # L02000013958

1. Entity Name

BECH INVESTMENTS, LLC



Principal Place of Business

3726 BISHOP LANE
LOUISVILLE KY 40218

Mailing Address

3726 BISHOP LANE
LOUISVILLE KY 40218



2. Principal Place of Business

3929 PRODUCE ROAD

Suite, Apt. #, etc.

3. Mailing Address

3929 PRODUCE RD

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Louisville, Kentucky

City & State

Louisville, Ky.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

40218

Country

USA

Zip

40218

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFFY, REBECCA C
108 VALRICO STATION ROAD
APT. #8
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
EIFLER, JOHN
5207 MOCCASIN TR
LOUISVILLE KY 40207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HEPNER, ROBERT
6802 SPRINGLAWN CT
LOUISVILLE KY 40291 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CRAWLEY, DAVID
5104 HUNTERS POINT CIRCLE
LOUISVILLE KY 40216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BRUTSCHER, CHRIS
5913 LEON WAY
LOUISVILLE KY 40214 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

Date

Daytime Phone #