

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018404

1. Entity Name
BEARD & ASSOCIATES, L.L.C.



Principal Place of Business
324 VALLEY DRIVE
LONGWOOD, FL 32779 US

Mailing Address
324 VALLEY DRIVE
LONGWOOD, FL 32779 US

FILED
Sep 04, 2008 08:00 AM
Secretary of State



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0618957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEARD, BRENDA M
324 VALLEY DRIVE
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000958996
09/04/08-80001-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BEARD, BRENDA M
STREET ADDRESS	324 VALLEY DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	GTNR
NAME	BEARD, ROBERT L III
STREET ADDRESS	324 VALLEY DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9-2-08

407
682-8898