

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040432

FILED
Feb 27, 2008
Secretary of State

Entity Name: BEECEUTICALS LLC

Current Principal Place of Business:

2400 E LAS OLAS BLVD
#167
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

1507 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33315

Current Mailing Address:

2400 E LAS OLAS BLVD
#167
FORT LAUDERDALE, FL 33301

New Mailing Address:

1507 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33315

FEI Number: 20-0440490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERBER, RICHARD
401 SEVEN ISLES DR.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GERBER, RICHARD
Address: 2400 E LAS OLAS BLVD #167
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: GUERRA, JONCARLOS
Address: 2400 E LAS OLAS BLVD #167
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GERBER, RICHARD
Address: 1507 SOUTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR (X) Change () Addition
Name: GUERRA, JONCARLOS
Address: 1507 SOUTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

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: /JON GUERRA/

MGR

02/27/2008

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