

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L04000003265

1. Entity Name
BEEMAR ENTERPRISES, LLC



Principal Place of Business
**2005 CLAY AVENUE
PANAMA CITY, FL 32405 US**

Mailing Address
**2005 CLAY AVENUE
PANAMA CITY, FL 32405 US**



03212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0582118

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOODIS, WILLIAM E
2005 CLAY AVENUE
PANAMA CITY, FL 32405**

**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
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------|
| TITLE | MGRM |
| NAME | WOODIS, WILLIAM E |
| STREET ADDRESS | 2005 CLAY AVENUE |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 |
| TITLE | MGR |
| NAME | WOODIS, DONNA F |
| STREET ADDRESS | 2005 CLAY AVENUE |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 |
| TITLE | MGR |
| NAME | WOODIS, BAILEE M |
| STREET ADDRESS | 2005 CLAY AVENUE |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 |
| 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

3-21-08

Date

(850) 215-7243

Daytime Phone #