

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022373

1. Entity Name
BEA RIDGE CONSTRUCTION CLEANING LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 22 AM 10: 03

Principal Place of Business
239 TURKEY OAK TRAIL
FROSTPROOF, FL 33843

Mailing Address
239 TURKEY OAK TRAIL
FROSTPROOF, FL 33843

2. Principal Place of Business

493 Turkey Oak Tr.

Suite, Apt. #, etc.

3. Mailing Address

493 Turkey Oak Tr.

Suite, Apt. #, etc.

07222005 Chg-LLC CR2E083 (10/03)

City & State

Frostproof, Florida

Zip

33843

Country

US

City & State

Frostproof, Florida

Zip

33843

Country

US

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MELISSA K-
239 TURKEY OAK TRAIL
FROSTPROOF, FL 33843

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 reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MELISSA KAY THOMAS
239 TURKEY OAK TRAIL
FROSTPROOF, FL 33843 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BULLARD, LEE ANN
380 MULLINSVILLE ROAD
FROSTPROOF, FL 33843 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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REINSTATEMENT 2005

300059870183

09/22/05 01037 002 ***50.00

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: Melissa K Thomas Melissa K Thomas 8-5-05 528-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #