

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90045 041 \*\*\*\*50.00

**DOCUMENT # L04000044982**

1. Entity Name  
**BEDA LLC**



Principal Place of Business  
3433 LITHIA PINECREST RD.  
#111  
VALRICO, FL 33594 US

Mailing Address  
3433 LITHIA PINECREST RD.  
#111  
VALRICO, FL 33594 US

40057804



**DO NOT WRITE IN THIS SPACE**

04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1257721

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BERGEN, MELODY  
3433 LITHIA PINECREST RD.  
#111  
VALRICO, FL 33594

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BERGEN, MELODY  
3433 LITHIA PINECREST RD., #111  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BERGEN, DAVID  
3433 LITHIA PINECREST RD., #111  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** *Melody Bergen, managing member* **4/18/06** **813-477-8148**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #