

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90024 003 ****50.00

DOCUMENT # L04000075901

1. Entity Name
BETHEL CREEK, LLC



Principal Place of Business
**444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US**

Mailing Address
**444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US**

DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1777751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, SANFORD
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARFIELD, RANDY
STREET ADDRESS	3544 NORTH LAKESHORE DRIVE
CITY-ST-ZIP	CLEMMONS, NC 27012
TITLE	MGRM
NAME	ANDERSON, GEORGE
STREET ADDRESS	315 NORTH ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	MILLER, SANFORD
STREET ADDRESS	444 SEABREEZE BOULEVARD, SUITE 1002
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	STRASSER, CHARLES
STREET ADDRESS	1030 NORTH U.S. 1
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Sanford Miller* **SANFORD MILLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/07 386-238-7035
Date Daytime Phone #