

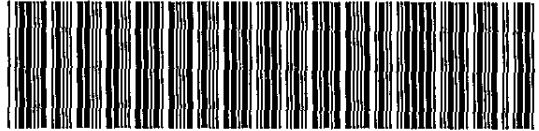
L04 0000 79335

John Simpson

(Requestor's Name)

450 S. Mills River Rd

(Address)



900059011469

(Address)

Horse Shoe, NC 28742

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2054-55593



1. The name of the limited liability company is: Bethel Road Associates, L.L.C.

2. The mailing address of the limited liability company is: 248 Three Islands

Blud. #303, Hallandale FL 33009

Nov. 2, 2004

L04000079335

3. Date of filing/registration in Florida

4. Document number

James N. Gordon

Name _____

248 Three Islands Blvd. #303

Address

Hallandale FL 33009

City, State and Zip

James N. Gordon


Name _____

3153 North ^{Name} Ocean Shore

Florida street address (P.O. Box **NOT** acceptable)

Flagler Beach FL 32136

City, State and Zip


(Signature of a member or authorized representative)

(Signature of a member or authorized representative of a member)

John T. Simpson

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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