

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039252

FILED
Feb 10, 2009
Secretary of State

Entity Name: BETHLYNN INVESTMENTS LLC

Current Principal Place of Business:

2020 CENTRAL AVENUE
MEMPHIS, TN 38104

New Principal Place of Business:

Current Mailing Address:

1519 UNION AVE
#193
MEMPHIS, TN 38104

New Mailing Address:

FEI Number: 20-2709829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILU, RON S
10 FAIRWAY DRIVE
SUITE 304
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAFFER, SHERRY L
Address: 2020 CENTRAL AVENUE
City-St-Zip: MEMPHIS, TN 38104

Title: MGRM () Delete
Name: SHAFFER, ELIZABETH J
Address: 1977 LINDEN AVENUE
City-St-Zip: MEMPHIS, TN 38104

Title: MGRM () Delete
Name: SHAFFER, FAYE G
Address: 1821 HIDDEN POINT ROAD
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM (X) Delete
Name: COOK, LATANE
Address: 310 WASHINGTON STREET
City-St-Zip: LONDON, KY 40741

Title: MGRM (X) Delete
Name: KUHN, JOE ANN
Address: 623 BURLEY ROAD
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERRY L. SHAFFER

MGRM

02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date