

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077116

Entity Name: BETHESDA SALES, LLC

FILED  
May 03, 2009  
Secretary of State

**Current Principal Place of Business:**

3981 68TH AVENUE N.  
PINELLAS PARK, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

3981 68TH AVENUE N.  
PINELLAS PARK, FL 33981

**New Mailing Address:**

FEI Number: 87-0769020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FLETCHER, CLIVE A  
326 51ST AVENUE N.  
ST. PETERSBURG, FL 33703      US

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: MGR      ( ) Delete  
Name: FLETCHER, CLIVE A MR  
Address: 3981 68TH AVE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGR      ( ) Delete  
Name: FLETCHER, RHONI E MRS  
Address: 326 51ST AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

**ADDITIONS/CHANGES:**

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: RHONI. E. FLETCHER

MGR

05/03/2009

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