

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/2/2007-90353-013-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 12:37

DOCUMENT # L06000054483 1. Entity Name BEZALEL GROUP, LLC					
Principal Place of Business 6108 ALDERFER SPRINGS DRIVE JACKSONVILLE, FL 32258			Mailing Address 6108 ALDERFER SPRINGS DRIVE JACKSONVILLE, FL 32258		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4952991	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DIDION, RILEY 6108 ALDERFER SPRINGS DRIVE JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
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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: RILEY DIDION, MMBR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 8/14/07 ✓ Phone: 904-509-8966		