

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062919

Entity Name: BEAD SAFARI LLC

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5367 N SOCRUM LOOP RD  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

536 N SOCRUM LOOP RD  
LAKELAND, FL 33809

**New Mailing Address:**

5367 N SOCRUM LOOP RD  
LAKELAND, FL 33809

FEI Number: 22-3935733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLTON, STEVE  
3105 CHERRY HILL CIR N  
LAKELAND, FL 33810 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  
Name: CARLTON, DEBORAH  
Address: 3105 CHERRY HILL CIR N  
City-St-Zip: LAKELAND, FL 33810

I hereby 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: DEBORAH CARLTON

MGRM

04/06/2010

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