

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081461

Entity Name: MYBEESWAX.COM, LLC

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

2168 JOG RD
GREENACRES, FL 33415

New Principal Place of Business:

4781 N. CONGRESS AVE
126
BOYNTON BEACH, FL 33426

Current Mailing Address:

2168 JOG RD
GREENACRES, FL 33415

New Mailing Address:

4781 N. CONGRESS AVE
126
BOYNTON BEACH, FL 33426

FEI Number: 20-5421347 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:

K C POLO, CPA, P.A.
8895 NORTH MILITARY TRAIL
203C
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

HYBER, H. SCOTT
14242 ASTER AVE
WELLINGTON, FL 33414 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: H. SCOTT HYBER

05/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HYBER, H. SCOTT
Address: 14242 ASTER AVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: LEONAGGEO, SCOTT
Address: 1 EAST CHESTERFIELD DR
City-St-Zip: BOYNTON BEACH, FL 33426

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: SCOTT LEONAGGEO

MGR

05/09/2008

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