

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097102

FILED
May 08, 2008
Secretary of State

Entity Name: BELOVED MINISTRIES LLC

Current Principal Place of Business:

8638 ROSA VISTA AVENUE
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915131
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 20-5628232 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:

CARRAZANA, GEORGE
214 ATHERSTONNE COURT
LONGWOOD, FL 32779 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: RIOS FERNANDEZ, RAIZA
Address: 580 S. INDIGO ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR () Delete
Name: ALVAREZ PEREIRA, NORIVET A
Address: 8638 ROSA VISTA AVENUE
City-St-Zip: ORLANDO, FL 32810 US

Title: MGRM () Delete
Name: CAPOTE ROQUE, LYDIA
Address: 2814 TAMARACK TRAIL
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM () Delete
Name: CARRAZANA, MADLYN
Address: 214 ATHERSTONNE COURT
City-St-Zip: LONGWOOD, FL 32779 US

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:

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: NORIVET A. ALVAREZ-PEREIRA

MGR

05/08/2008

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