

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012238

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: NEW BEES QUALITY CARE LLC

**Current Principal Place of Business:**

8 RYDELL LANE  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

8 RYDELL LANE  
PALM COAST, FL 32164 US

**New Mailing Address:**

FEI Number: 20-8357868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWBY, ALESHIA E  
8 RYDELL LANE  
PALM COAST, FL 32164 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: MGR ( ) Delete  
Name: NEWBY, ALESHIA E  
Address: 8 RYDELL LANE  
City-St-Zip: PALM COAST, FL 32164 US

Title: MGRM ( ) Delete  
Name: KELLY, SHANITA  
Address: 24 REYBURY LANE  
City-St-Zip: PALM COAST, FL 32164 US

Title: MGRM ( ) Delete  
Name: ELMORE, KATHY W  
Address: 800 S. ORANGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: MGRM ( ) Change (X) Addition  
Name: BERRYHILL, SHAUN L  
Address: 8 RYDELL LANE  
City-St-Zip: PALM COAST, FL 32164 US

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: ALESHIA E. NEWBY

MGR

01/31/2008

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