

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016095

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BEE HIVES FOR LESS, LLC

**Current Principal Place of Business:**

6321 MORSE OAKS CIRCLE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6321 MORSE OAKS CIRCLE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 20-8438052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AFFINITY LAW FIRM  
3947 BOULEVARD CENTER DRIVE  
SUITE 101  
JACKSONVILLE, FL 32207 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: LYLES, BENJAMIN L  
Address: 6321 MORSE OAKS CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32244

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: LYLES, LUTHER B  
Address: 6600 STATE ROAD 16  
City-St-Zip: ST. AUGUSTINE, FL 32092 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: BENJAMIN L. LYLES

MGR

04/30/2009

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