

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90158 044 \*\*\*138.75

**DOCUMENT # L07000024952**

1. Entity Name  
**BEA ENTERPRISE GROUP, LLC**



Principal Place of Business  
**1600 33RD STREET UNIT 105  
ORLANDO, FL 32839**

Mailing Address  
**1600 33RD STREET UNIT 105  
ORLANDO, FL 32839**

**50004757**



2. Principal Place of Business - No P.O. Box #

**4630 S. Kirkman rd**

3. Mailing Address

**4630 S. Kirkman rd**

Suite, Apt. #, etc.

**# 139**

Suite, Apt. #, etc.

**# 139**

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32811**

Country

**USA**

Zip

**32811**

Country

**USA**

03052008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-8580579**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEHRDEA GAFNIR, IDO  
1600 33RD STREET UNIT 105  
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name **Nehardea Gafnir Ido**

Street Address (P.O. Box Number is Not Acceptable)

**4630 S. Kirkman rd # 139**

City **Orlando FL**

Zip Code **32811**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/2/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **NEHRDEA GAFNIR, IDO**  
STREET ADDRESS **1600 33RD STREET UNIT 105**  
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **463 Nehardea Gafnir Ido** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4630 S. Kirkman rd Orlando FL**  
CITY-ST-ZIP **32811 # 139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/2/08**

Daytime Phone #