2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056292

Entity Name: BETH LAUREN SERVICES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
7204 DELAND AVE. FT. PIERCE, FL 34951 US	

Current Mailing Address:	**New Mailing Address:**
7204 DELAND AVE. FT. PIERCE, FL 34951 US	

FEI Number: 30-0487975   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
LAYTON, JUNE R 7204 DELAND AVE. FT. PIERCE, FL 34951 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LAYTON, JUNE R	Name:	
Address:	7204 DELAND AVE.	Address:	
City-St-Zip:	FT. PIERCE, FL 34951 US	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	HEWITT, KAREN E	Name:	HEWITT, KAREN E
Address:	2660 68TH SQ., APT. 201	Address:	908 THOMPSON STREET
City-St-Zip:	VERO BEACH, FL 32966 US	City-St-Zip:	LAFAYETTE, GA 30728 US
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LAYTON, OLIVIA L	Name:	
Address:	7204 DELAND AVE.	Address:	
City-St-Zip:	FT. PIERCE, FL 34951 US	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: JUNE R LAYTON   MGR   04/08/2009

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