

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057664

FILED
Sep 16, 2009
Secretary of State

Entity Name: BETHY VC RN LLC

Current Principal Place of Business:

1126 1ST ST. NORTH, UNIT 602
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1126 1ST ST. NORTH, UNIT 602
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 26-2780093 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:

Name and Address of New Registered Agent:

VAN CLEAVE, WALLACE
1126 1ST ST. NORTH, UNIT 602
JACKSONVILLE BEACH, FL 32250 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:

Title: MGRM () Delete
Name: VAN CLEAVE, ELIZABETH
Address: 2343 COVINGTON CREEK E CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAN CLEAVE, ELIZABETH
Address: 1126 FIRST ST. NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MRGM () Change (X) Addition
Name: VAN CLEAVE, WALLACE
Address: 1126 FIRST ST. NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: WALLACE VAN CLEAVE

MGRM

09/16/2009

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