

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062815

FILED
Apr 03, 2009
Secretary of State

Entity Name: BIZZI BEES ENTERPRISES LLC

Current Principal Place of Business:

120 WEYBRIDGE CIRCLE
C
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

120 WEYBRIDGE CIRCLE
C
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

PO BOX 211244
ROYAL PALM BEACH, FL 33421 US

FEI Number: 26-2677298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, LILLIAM S
120 WEYBRIDGE CIRCLE
C
ROYAL PALM BEACH, FL 33411 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: MGRM () Delete
Name: RODRIGUEZ, LILLIAM S
Address: 120 C WEYBRIDGE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM () Delete
Name: OZIEL, RUBEN S
Address: 120 C WEYBRIDGE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, LILLIAM S
Address: PO BOX 211244
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: MGRM (X) Change () Addition
Name: OZIEL, REUBEN S
Address: PO BOX 211244
City-St-Zip: ROYAL PALM BEACH, FL 33421 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: LILLIAM RODRIGUEZ

MGRM

04/03/2009

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