

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103635

FILED
Sep 01, 2009
Secretary of State

Entity Name: BEE HOLDINGS GROUP LLC

Current Principal Place of Business:

2481 BRENT WALK COVE
EADS, TN 38028

New Principal Place of Business:

Current Mailing Address:

2481 BRENT WALK COVE
EADS, TN 38028

New Mailing Address:

FEI Number: 26-3663064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WILLIAMS, JONATHAN R P.A.
623 BEVILLE RD
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

WILLIAMS, JONATHAN R P.A.
2481 BRENTS WALK COVE
EADS, FL 38028 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: JONATHON WILLIAMS

09/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBBINS, ERIK W
Address: 21920 42 AVE S UNIT 104
City-St-Zip: KENT, WA 98032

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEE ENERGY, LLC
Address: 2481 BRENTS WALK COVE
City-St-Zip: EADS, TN 38028

Title: MGR () Change (X) Addition
Name: NEWFUL, LLC
Address: 450 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

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: ANALIA M. READ

MGRM

09/01/2009

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