

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113032

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: BETA SOUTH LLC

## Current Principal Place of Business:

7597 CEDAR BARK RD  
MICCO, FL 32976 US

## New Principal Place of Business:

## Current Mailing Address:

7597 CEDAR BARK RD  
MICCO, FL 32976 US

## New Mailing Address:

300 HANCOCK RD.  
PITTSFIELD, MA 01201 US

FEI Number: 30-0521804      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:

PHILLIPS, CAROLYN  
7597 CEDAR BARK RD  
MICCO, FL 32976 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: MORETTI, KELLY  
Address: 300 HANCOCK RD  
City-St-Zip: PITTSFIELD, MA 01201 US

Title: MGRM ( ) Delete  
Name: MORETTI, WAYNE  
Address: 300 HANCOCK RD  
City-St-Zip: PITTSFIELD, FL 01201 US

Title: MGRM ( ) Delete  
Name: PHILLIPS, KEVIN  
Address: P.O. BOX 191  
City-St-Zip: BADIN, NC 28009

Title: MGRM ( ) Delete  
Name: PHILLIPS, CYNTHIA  
Address: P.O. BOX 191  
City-St-Zip: BADIN, NC 28009 US

Title: MGRM ( ) Delete  
Name: PHILLIPS, CAROLYN  
Address: 7597 CEDAR BARK RD  
City-St-Zip: MICCO, FL 32976

Title: MGRM ( ) Delete  
Name: PHILLIPS, HECTOR  
Address: 7597 CEDAR BARK RD  
City-St-Zip: MICCO, FL 32976 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KELLY MORETTI

MGR

07/07/2009

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