

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000113032

**FILED**  
**Jan 29, 2010**  
**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:**

300 HANCOCK RD.  
PITTSFIELD, MA 01201 US

**New Mailing Address:**

**FEI Number:** 30-0521804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** MORETTI, KELLY  
**Address:** 300 HANCOCK RD  
**City-St-Zip:** PITTSFIELD, MA 01201 US

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

**Title:** MGRM  
**Name:** PHILLIPS, KEVIN  
**Address:** 709 BUFORD AVE  
**City-St-Zip:** SHELBY, NC 28150

**Title:** MGRM  
**Name:** PHILLIPS, CYNTHIA  
**Address:** 709 BUFORD AVE  
**City-St-Zip:** SHELBY, NC 28150 US

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

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

I hereby 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 S. MORETTI

MGRM

01/29/2010

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