

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000088876

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** NEW BEES QUALITY CARE, LLC

**Current Principal Place of Business:**

8 ROYAL LEAF LANE  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 354173  
PALM COAST, FL 32135 US

**New Mailing Address:**

**FEI Number:** 20-8357868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWBY-KOREDE, ALESHIA  
8 ROYAL LEAF LANE  
PALM COAST, FL 32164 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: MGR  
Name: NEWBY-KOREDE, ALESHIA  
Address: 8 ROYAL LEAF LANE  
City-St-Zip: PALM COAST, FL 32164 US

Title: MGRM  
Name: KOREDE, SAMUEL T  
Address: 8 ROYAL LEAF LANE  
City-St-Zip: PALM COAST, FL 32164 US

Title: MGRM  
Name: ELMORE, KATHY W  
Address: 800 S. ORANGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: MGRM  
Name: KELLY, SHANITA  
Address: 61 RIVIERE LANE  
City-St-Zip: PALM COAST, FL 32164 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: ALESHIA NEWBY KOREDE

MGR

05/01/2012

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