

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000009094

**Entity Name:** BEBLESSED LLC

**Current Principal Place of Business:**

501 NW CORNELL AVE.  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

501 NW CORNELL AVE.  
PORT SAINT LUCIE, FL 34983 US

**FEI Number:** 45-4328278

**Certificate of Status Desired:** No

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

KEHRES, THOMAS  
501 NW CORNELL AVE.  
PORT SAINT LUCIE, FL 34983 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KEHRES, THOMAS  
Address 501 NW CORNELL AVE.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title MGRM  
Name KEHRES, REBECCA  
Address 501 NW CORNELL AVE.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIRECTOR  
Name KEHRES, JOSHUA THOMAS  
Address 501 NW CORNELL AVE.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIRECTOR  
Name KEHRES, AARON FREDRICK  
Address 501 NW CORNELL AVE.  
City-State-Zip: PORT SAINT LUCIE FL 34983

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS KEHRES

MGRM

01/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date