

2019 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 L KEHRES

MGRM

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date