

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000023153



1. Entity Name
BARLAND STRATEGY LLC

Principal Place of Business
**% BAR INVEST MANAGEMENT SERVICES LLC
701 BRICKELL AVE., SUITE 1460
MIAMI, FL 33131**

Mailing Address
**% BAR INVEST MANAGEMENT SERVICES LLC
701 BRICKELL AVE., SUITE 1460
MIAMI, FL 33131**



01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4456729

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**BARBARA, JACQUES
BAR INVEST MANAGEMENT SERVICES
701 BRICKELL AVE STE 1460
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BARBERA, HERVE
STREET ADDRESS % 701 BRICKELL AVE., SUITE 1460
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME BARBERA, JACQUES
STREET ADDRESS % 701 BRICKELL AVE., SUITE 1460
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME BENVENUTI, STEFANO
STREET ADDRESS % 701 BRICKELL AVE., SUITE 1460
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000808325
02/07/08-80041-019 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____