

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000119630

**Entity Name:** PIBESA LLC

**Current Principal Place of Business:**

7314 RAMOTH DR  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

PO BOX 24988  
JACKSONVILLE, FL 32241 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BERRY, BRET M  
7314 RAMOTH DR  
JACKSONVILLE, FL 32226 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 BERRY MEDICAL ENTERPRISES  
Address 514 FRANK SHAW RD  
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM  
Name PIKE INDUSTRIES  
Address 7314 RAMOTH DR  
City-State-Zip: JACKSONVILLE FL 32226

Title MGRM  
Name SAGER INDUSTRIES  
Address 2200 LAKEHURST RD  
City-State-Zip: SPICEWOOD TX 78669

*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:** BRET BERRY

**AGENT**

**01/17/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date