## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000153425

Entity Name: BERKSHIRE SQUARE DEVELOPER, LLC

**Current Principal Place of Business:** 

1105 KENSINGTON PARK DR SUITE 200

ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:** 

1105 KENSINGTON PARK DR SUITE 200

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 47-5081170 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAY, DWAYNE 315 EAST ROBINSON STREET SUITE 600 ORLANDO, FL 32801 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:

Address

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR AND MBR Title **MBR** 

WOLF, JONATHAN L Name Name BAMBERGER, GLEN F

1105 KENSINGTON PARK DR SUITE 1105 KENSINGTON PARK DR Address Address

SUITE 200

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR Title MBR

Name VON WELLER, RYAN S Name WOLF, SARA E

Address 1105 KENSINGTON PARK DR Address 1105 KENSINGTON PARK DR

SUITE 200 SUITE 200

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR Title **MBR** 

WOLF, HARRISON F JONATHAN AND NANCY WOLF Name Name FAMILY TRUST I DATED 8/6/18

1105 KENSINGTON PARK DR

1105 KENSINGTON PARK DR Address SUITE 200

SUITE 200 ALTAMONTE SPRINGS FL 32714

City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: JONATHAN L. WOLF **MEMBER** 03/18/2020

**FILED** Mar 18, 2020

**Secretary of State** 

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