

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000257525

**Entity Name:** BERNDT, ETC., LLC

**Current Principal Place of Business:**

970 ORANGEWOOD ROAD  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

970 ORANGEWOOD ROAD  
SAINT JOHNS, FL 32259

**FEI Number: 26-3093582**

**Certificate of Status Desired: Yes**

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

DAVIS, GLORIA R  
970 ORANGEWOOD ROAD  
SAINT JOHNS, FL 32259 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 MGR  
Name DAVIS, GLORIA RAE  
Address 970 ORANGEWOOD ROAD  
City-State-Zip: SAINT JOHNS FL 32259

Title AUTHORIZED MEMBER  
Name FAUST, MARTHA ANN  
Address 1353 RIERSON ROAD  
City-State-Zip: TOBACCOVILLE NC 27050

Title AUTHORIZED MEMBER  
Name BLOMQUIST, NANCY LEE  
Address 6570 SE 6TH AVENUE  
City-State-Zip: DES MOINES IA 50317

Title AUTHORIZED MEMBER  
Name BERNDT, BECKY RENEE  
Address 8848 MAPLEBROOK COURT  
City-State-Zip: BROOKLYN PARK MN 55445

Title AUTHORIZED MEMBER  
Name BERNDT, MICHAEL CRAIG  
Address 13931 DAGGETT PINE ROAD  
City-State-Zip: CROSSLAKE MN 56442

Title AUTHORIZED MEMBER  
Name BERNDT, WILLIAM DAVID  
Address 11327 FLORIDA AVENUE N  
City-State-Zip: CHAMPLIN MN 55316

*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: GLORIA R DAVIS**

**MGR**

**01/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date