2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2016
Secretary of State
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Entity Name: BEERS ENTERPRISES, LLC

Current Principal Place of Business:

683 MAIN STREET, SUITE A-2
OSTERVILLE, MA 02655

Current Mailing Address:

683 MAIN STREET, SUITE A-2
OSTERVILLE, MA 02655

FEI Number: 04-3108436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEERS, SCOTT S PRES
7939 SE HEMPSTEAD CIRCLE
HOBE SOUND, FL 33455 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	BEERS, SCOTT
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MGR
Name	KHOURY, AMIN C
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MGR
Name	STEVENSON, ANDY
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MGR
Name	LAHAR, DAVID
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MGR
Name	PFAFF, ERIC
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MGR
Name	DOBRON, ALBERT
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MGR
Name	COWART, JIM
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MGR
Name	HARTZ, PETER
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Continues on page 2

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: SCOTT BEERS CEO 04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MGR
Name	ALLEN, BARRY
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655