

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000006364

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:** Yes**Name and Address of Current Registered Agent:**BEERS, SCOTT S PRES
20803 BISCAYNE BLVD.
SUITE 505
AVENTURA, FL 33180 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	MANAGER
Name	CLAMMER, ADAM
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	MANAGER
Name	MATTO, AARON
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	SECRETARY
Name	ELURI, AREEG
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	TREASURER, ASST. SECRETARY
Name	GREVE, DEBBIE
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

Title	PRESIDENT
Name	BEERS, SCOTT
Address	683 MAIN STREET, SUITE A-2
City-State-Zip:	OSTERVILLE MA 02655

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: AREEG ELURI**SECRETARY****02/10/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date