

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90005 025 ****50.00

DOCUMENT # L00000011765

1. Entity Name

BERRIN COOKIE ENTERPRISES LLC



Principal Place of Business

Mailing Address

9001 SW 56TH COURT
MIAMI FL 33156

9001 SW 56TH COURT
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

9001 BANYAN DRIVE

9001 BANYAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES, FL

CORAL GABLES

33156

USA

33156

Country

4. FEI Number **82-0559111**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRIN, ROBERT
4601 PONCE DE LEON BLVD., STE. 300
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BERRIN, RAY
9001 SW 56TH COURT
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9001 BANYAN DRIVE
CORAL GABLES, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BERRIN, ROSLYN K
9001 SW 56TH COURT
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9001 BANYAN DRIVE
CORAL GABLES, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)