2001 01117	ONIN DOS	THE STREET	<i>,</i> ,,,	() 	· · · · · · · · · · · · · · · · · · ·						8
DOCUMENT # L0000014336 1. Entity Name BERNTHALER GROUP LLC						FILED					2
BERNIHALER GROUP LLC						OI FEB -5 PH 3:56					
Principal Place of Business Mailing Address											
ONE FINANCIAL PLAZA. STE. 2202 P.O. BOX 5843 FT LAUDERDALE FL 33394 FT LAUDERDALE FL 33310						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
_				<u>:</u>							
2. Principal Place of Busines: ONE FINANCIAL	3. Mailing Address	3. Mailing Address 7.0.804 5843			1 (89/(8)) 9/(89/(1 89))(88/(1 88/(1 88/(1 88/(1 88/(1 139/1 8882 1/198						
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	, 51	City & State					4. FEI Number Applied For Not Applicable				
FORT LAMNERDA.	Country	Zip	Zip Country			5 Cortificate of Status Desired Status Desired Status Desired					i
	A . S.A	33310	Nº	5.A.			and Address of New I		Fee Required	<u> </u>	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1HOMAS BERNIHALER										- J	
SPIEGEL & UTRERA, P.A. Street Address (mber is Not Acceptable	2)			
343 ALMERIA AVENUE CORAL GABLES FL 33134 ## Z Z						7	MITCHER				
COMAL GABLES PL 33134 City FORT						/ Δ. Δ	DEPOAL	FL	Zip Code	7911	1
8. The above named entity s	ubmits this statement to	r the purpose of changing it	s registere		0.0.			orida. /	<u> </u>	3.17	
·		<u> </u>	•					z/z	101		
SIGNATURE Signature, typed or p	printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signat	ture required who	en reinstatio	ο) ,	DATE			
			low!!! I				900000	8662	289 1105	3	
Make Check Payable to Department of						state	米米米米	*50.00	****		
9.	MANAGING MEMB		10.	i i	CEO		ADDITIONS	/CHANGES	☐ Change	☐ Addition	6
NAME		☐ Defete	NAM	E	THOM	AS IS	EIAL PLAZA	47			2E083 (11/00)
STREET ADDRESS CITY-ST-ZIP	ا در این کست به محکوم این این محکوم این محکوم این این			ET ADDRESS -ST-ZIP			ENDALE FL				E083
TITLE		☐ Delete	TITLE			<i>y - 0-10</i>	Jan Corner		☐ Change	Addition	CR2
NAME STREET ADDRESS			NAM STRE	E DDRESS							
CITY-ST-ZIP				-ST-ZIP			<u> </u>				
TITLE:		Delete	TITLE				<u> </u>		Change	Addition	-
NAME STREET ADDRESS CITY-SI-ZIP			STRE	ET ADDRESS -ST-ZIP	ı	1					
TITLE NAME		☐ Delete	TITLE NAM	i			.)		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		STRE	ET ADDRESS -ST-ZIP			SY				
TITLE NAME		☐ Delete	TITLI NAM					1	☐ Change	☐ Addition	
STREET ADDRESS. CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITLI						☐ Change	Addition	
NAME STREET ADDRESS	-		STRE	ET ADDRESS							
11. I hereby certify that the in	nformation supplied with	n this filing does not qualify f	or the exe	-ST-ZIP mption sta	l ated in Secti	on 119.0	7(3)(i), Florida Statutes	I further cer	tify that the in	nformation	1
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 exacute this report as required by Chapter 608, Florida Statutes.											
2/2/0. (11/777-722)											
SIGNATURE:	D TYPED OR PRINTED NAME O	OF SIGNING MANAGING MEMBER, M	ANAGER, OR	AUTHORIZE	D REPRESENTA	ATIVE	Z / Z / V /	(227	aytime Phone #	1777	