

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014516

1. Entity Name

BERK OF SARASOTA, LLC

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90202 006 ****50.00

Principal Place of Business

1055 S. TAMiami TRAIL, SUITE 112
SARASOTA FL 34236

Mailing Address

11504 BEDFORDSHIRE AVE.
POTOMAC MD 20854

960647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

103 Prettyman Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockville, Md

Zip

Country

Zip

Country

20854

USA

4. FEI Number

65-1064499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

MAYER, MATTHEW B
1515 RINGLING BLVD., SUITE 1000
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BERKOWITZ, BARRY J
11504 BEDFORDSHIRE AVENUE
POTOMAC MD 20854 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Berkowitz, Barry J.
103 Prettyman Dr.
Rockville, Md 20852 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

9/23/02

Daytime Phone #

CR2E083 (9/01)