

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016087

FILED
Apr 21, 2009
Secretary of State

Entity Name: BARTHELMESS FLORIDA, L.C.

Current Principal Place of Business:

% SSI ACCOUNTING AND TAX SERVICE INC.
3620 COLONIAL BLVD. STE. 230
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

% SSI ACCOUNTING AND TAX SERVICE INC.
3620 COLONIAL BLVD. STE. 230
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 65-1072760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI ACCOUNTING AND TAX SERVICE INC.
3620 COLONIAL BLVD.
STE. 230
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARCANA FLORIDA, INC.
Address: 3620 COLONIAL BLVD. #230
City-St-Zip: FORT MYERS, FL 33966

Title: P () Delete
Name: BARTHELMESS, INGEBORG
Address: 3620 COLONIAL BLVD # 230
City-St-Zip: FORT MYERS, FL 33966

Title: VP () Delete
Name: SCHMITZ, SEBASTIAN
Address: 3620 COLONIAL BLVD # 230
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: INGEBORG BARTHELMESS

P

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date