

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016087

FILED
Mar 26, 2010
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:

% SSI ACCOUNTING AND TAX SERVICE INC.
1342 COLONIAL BLVD. STE. D 25
FORT MYERS, FL 33907

Current Mailing Address:

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

New Mailing Address:

% SSI ACCOUNTING AND TAX SERVICE INC.
1342 COLONIAL BLVD. STE. D 25
FORT MYERS, FL 33907

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:

SSI ACCOUNTING AND TAX SERVICE INC.
1342 COLONIAL BLVD.
STE. D 25
FORT MYERS, FL 33907 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: SCHMITZ

03/26/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BARCANA FLORIDA, INC.
Address: 1342 COLONIAL BLVD. # D 25
City-St-Zip: FORT MYERS, FL 33907

Title: P
Name: BARTHELMESS, INGEBORG
Address: 1342 COLONIAL BLVD # D 25
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: SCHMITZ, SEBASTIAN
Address: 1342 COLONIAL BLVD # D 25
City-St-Zip: FORT MYERS, FL 33907

I hereby 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: BARTHELMESS, INGEBORG

P

03/26/2010

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