


2003 LIMITED LIABILITY COMPANY UNIFORM REPORT 93


0010106

<b>DOCUMENT # L02000011693</b>	
1. Entity Name <b>BERACHAH ENTERPRISES, L.L.C.</b>	
	
Principal Place of Business <b>7843 CANYON LAKE CIRCLE ORLANDO FL 32835</b>	Mailing Address <b>7843 CANYON LAKE CIRCLE ORLANDO FL 32835</b>
2. Principal Place of Business	3. Mailing Address <b>P.O. Box 66686</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Orlando Florida</b>
Zip	Country <b>USA</b>
Country	Zip <b>32861</b>

**FILED**

03 OCT 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>32-0613812</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MCKNIGHT, JONATHAN 7843 CANYON LAKE CIRCLE ORLANDO FL 32835</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>300023831043</b> <b>10/15/03--01084--003 **150.00</b> City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR MCKNIGHT, JONATHAN 7843 CANYON LAKE CIRCLE ORLANDO FL 32835</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **10/8/03 407-2945487**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (4/03)