

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025992

FILED
Feb 13, 2009
Secretary of State

Entity Name: BERGERON DADE LLC

Current Principal Place of Business:

19612 S.W. 69 PLACE
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

19612 S.W. 69 PLACE
PEMBROKE PINES, FL 33332

New Mailing Address:

FEI Number: 37-1444141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE SAI, PHIL
19612 S.W. 69 PLACE
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

DESAI, PHIL
19612 S.W. 69 PLACE
PEMBROKE PINES, FL 33332 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: DESAI PHIL

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGERON, RONALD SR
Address: 19612 SW 69TH PL
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGR () Delete
Name: SAIA, PHIL
Address: 19612 SW 69 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGR () Delete
Name: BERGERON, LONNIE NEIL
Address: 19612 SW 69 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33332

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: RONALD M BERGERON SR

MGRM

02/13/2009

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