

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

08-07-2003 90065 012 ****55.00

DOCUMENT # L02000033584

1. Entity Name

B.M.I., LLC



Principal Place of Business

**1610 BARRANCAS AVENUE
PENSACOLA FL 32501**

Mailing Address

**1610 BARRANCAS AVENUE
PENSACOLA FL 32501**

55055753

2. Principal Place of Business

316 ANDREW JACKSON TRAIL

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

4. FEI Number

32-0045992

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LIBERIS, CHARLES S
1610 BARRANCAS AVENUE
PENSACOLA FL 32501**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

MANAGING MEMBER
KNUT R. BERHAN
316 ANDREW JACKSON TRAIL
GULF BREEZE, FL 32561

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Aug. 4, 2003

Date

Daytime Phone

850-434-1286

CR2083 (4/03)