

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000009451

1. Entity Name
BERRYHILL PLAZA, LLC



Principal Place of Business

**5937 BERRYHILL ROAD
MILTON, FL 32570**

Mailing Address

**P.O. BOX 969
MILTON, FL 32572-0969**

FILED

2007 MAR 12 AM 9:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1654361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VERNALI, SALVATORE A M.D.
5937 BERRYHILL ROAD
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VERNALI, SALVATORE A M.D.
5937 BERRYHILL ROAD
MILTON, FL 32570**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

\$50-AR

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/28/07 (850) 626-0373

Date

Daytime Phone #