2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040640

1. Entity Name
DON BERNA 837, LLC



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

384 COCONUT CIR. WESTON, FL 33326 Mailing Address

384 COCONUT CIR. WESTON, FL 33326



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0488002		Applied For Not Applicable
Certificate of Status Desired	\$5.00) Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOMEZ, FABIO A 384 COCONUT CIR. WESTON, FL 33326

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agant and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, FABIO A 384 COCONUT CIR. WESTON, FL 33326		U00000329851 05/21/08-80085-014 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARVAEZ, ANGELA M 384 COCONUT CIR. WESTON, FL 33326	· ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lie	certify that the information supplied with this filling does not on this report is true and accurate and that my signature stability company or the receiver or trustee employered to gree	qualify for the exemptions contained in Chapter 1 at have the same legal effect as if made under course his separate 808. Florical hy Chapter 808. Florical	19, Ftorida Statutes. I further certify that the information bath; that I am a managing member or manager of the

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