

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000053097**

1. Entity Name

LIONEL J. BERNIER, LLC



Principal Place of Business

1407 NORTH M STREET  
LAKE WORTH FL 33460

Mailing Address

1407 NORTH M STREET  
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

37-1480891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERNIER, LIONEL J  
1407 NORTH M STREET  
LAKE WORTH FL 33460

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 May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **G** ☐ Delete  
NAME **BERNIER, LIONEL J**  
STREET ADDRESS **1407 NORTH "M" STREET**  
CITY - ST - ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000259490**  
CITY - ST - ZIP **03/11/05-80026-015 50.00**

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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: *Lionel Bernier* **LIONEL BERNIER**

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

Date

Daytime Phone #

**561-586-3174**