

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066322

1. Entity Name
BERMCON, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 4: 56

Principal Place of Business

1515 NORTH FEDERAL HIGHWAY, SUITE 306
BOCA RATON, FL 33432

Mailing Address

1515 NORTH FEDERAL HIGHWAY, SUITE 306
BOCA RATON, FL 33432

DIRECTOR: _____



02132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3316812

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRSHNER, MITCHELL
1801 NORTH MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GENSHEIMER, MARK A
STREET ADDRESS 1515 N FED HWY STE 306
CITY-ST-ZIP BOCA RATON, FL 33432

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200130682732
06/03/08--01025--001 **350.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Mark A. Gensheimer
Manager

1/23/08