2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 28, 2008 8:00 am
Secretary of State
04-02-2008 90149 048 ***138.75

DOCUMENT # L05000072605

1. Entity Name
BERMONT LOOP, LLC

Principal Place of Business	Mailing Address
1130 PONDELLA RAOD, SUITE 3 N FORT MYERS, FL 33903	1130 PONDELLA RAOD, SUITE 3 N FORT MYERS, FL 33903

30004990

01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3286295
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HONE, VINCENT E
1130 PONDELLA RD.
STE. 3
CAPE CORAL, FL 33909

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HONE, VINCENT
STREET ADDRESS	1911 PICCADILLY CIRCLE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	MGR
NAME	PHILLIPPEE, BILL
STREET ADDRESS	5380 MARNA DR
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Vincent E Hone 4-24-08 239-458-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #