

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000072715

1. Entity Name

BERENS ZELCER & BAKALCHUK, LLC



Principal Place of Business

9623 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS FL 33154

Mailing Address

9623 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5156618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERENS, CLARA  
9623 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS FL 33154

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 registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BERENS, CLARA  
9623 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
BAKALCHUK, MERCEDES  
9180 EMERSON AVE  
SURFSIDE FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
000000625332  
02/14/07-80071-003 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Clara Berens*

2-5-2007

305-773-5030

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

Date

Daytime Phone #