

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90129 006 ****50.00

DOCUMENT # L05000076310



1. Entity Name
BERTOLDI ENTERPRISE, LLC

Principal Place of Business
**97 DERRYFIELD CT
MANCHESTER NH 03104
US**

Mailing Address
**97 DERRYFIELD CT
MANCHESTER NH 03104
US**



2. Principal Place of Business
**1601 JOHNS LAKE ROAD
SUITE, APT. #, etc.
1228**

3. Mailing Address
**P.O. Box
783962**

2nd MOORE CR2E083 (4/06)

City & State
CLERMONT, FL.
Zip
34711
Country
U.S.A.

City & State
WINTER GARDEN, FL.
Zip
34778
Country
U.S.A.

4. FEI Number
35-2259376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BERTOLDI, DEAN
97 DERRYFIELD CT
MANCHESTER NH 03104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1601 JOHNS LAKE ROAD # 1228
CLERMONT, FL. 34711** ☒ Change ☐ Addition

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

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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

Dean Bertoldi MGRM DEAN BERTOLDI MGRM 8/15/06 (321) 441-6172

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

Date

Daytime Phone #