

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000095846			
1. Entity Name BERMUDIANA, L.L.C.			
Principal Place of Business 1934 COMMERCE LANE JUPITER, FL 33458		Mailing Address 1934 COMMERCE LANE JUPITER, FL 33458	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>Suite 1</u>		Suite, Apt. #, etc. <u>Suite 1</u>	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <u>01-0848335</u>	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIRVIN, D.R. ESQ OCEANSIDE PROFESSIONAL CENTRE 1080 EAST INDIANTOWN ROAD SUITE 105 JUPITER, FL 33477		7. Name and Address of New Registered Agent Name <u>Gore, H.G.</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 maplewood Dr</u> City <u>Jupiter</u> FL Zip Code <u>33458</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		Managing Member H. Geart Gore 501 maplewood Dr. Jupiter, FL 33458	
		Member Robert Gomez 18028 Via Rio Road Jupiter, FL 33458	
		Member Brian Chequis 1934 Commerce Lane, Suite 1 Jupiter, FL 33458	
		Member Donaldson Hearing 1934 Commerce Lane, Suite 1 Jupiter FL 33458	
		Member Robert Coteur 1934 Commerce Lane, Suite 1 Jupiter FL 33458	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>02/24/06</u> 561-746-0980 Daytime Phone #	