

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037069

FILED
Apr 30, 2009
Secretary of State

Entity Name: BERRY & BERRY WINGS, LLC

Current Principal Place of Business:

1231 US HWY 41 N
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

PO BOX 621
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 20-4702782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JOHN A
2218 HIGHWAY 44 WEST
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERRY, TAMARA
Address: 371 CR 487
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: MGRM () Delete
Name: BERRY, ROGER
Address: 29205 S CORLEY ISLAND ROAD
City-St-Zip: LEESBURG, FL 34748

Title: MGRM () Delete
Name: BERRY, DEBRA
Address: 29205 S. CORLEY ISLAND ROAD
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMARA BERRY

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date