

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110510

FILED
Apr 09, 2012
Secretary of State

Entity Name: BERMUDABUYERSGROUP, LLC

Current Principal Place of Business:

69 NORTH SHORE ROAD BOXCR233
HAMILTON PARISH BERMUDA, XX CR01 OC

New Principal Place of Business:

Current Mailing Address:

69 NORTH SHORE ROAD BOXCR233
HAMILTON PARISH BERMUDA, XX CR01 OC

New Mailing Address:

5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 US

FEI Number: 98-0605135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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
Name: PARENT, JAMIE L
Address: 69 NORTH SHORE ROAD BOXCR233
City-St-Zip: HAMILTON PARISH BERMUDA, OC CR01 XX

Title: MGRM
Name: PATTON, MICHAEL
Address: 69 NORTH SHORE ROAD BOXCR233
City-St-Zip: HAMILTON PARISH BERMUDA, OC CR01 XX

Title: MGRM
Name: FARIES, NICK
Address: 69 NORTH SHORE ROAD BOXCR233
City-St-Zip: HAMILTON PARISH BERMUDA, OC CR01 XX

Title: MGRM
Name: GOATER, SHAUN
Address: 69 NORTH SHORE ROAD BOXCR233
City-St-Zip: HAMILTON PARISH BERMUDA, OC CR01 XX

Title: MGRM
Name: FREIH, JASON
Address: 69 NORTH SHORE ROAD BOXCR233
City-St-Zip: HAMILTON PARISH BERMUDA, OC CR01 XX

I hereby 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: JAMIE PARENT

MGRM

04/09/2012

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