

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115502

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** BERKITO, LLC

**Current Principal Place of Business:**

510 SE HWY 484  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

510 SE HWY 484  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERKELHAMMER, BARRY H  
510 SE HWY 484  
OCALA, FL 34480 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: BERKELHAMMER, BARRY H  
Address: 510 SE HWY 484  
City-St-Zip: Ocala, FL 34480

Title: MGRM  
Name: ZITO, DEBRA  
Address: 14200 SE HWY  
City-St-Zip: SUMMERFIELD, FL 34491

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: BARRY BERKELHAMMER

MGRM

02/01/2010

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