Applied For

: Not Applicable

\$5.00 Additional

Fee Required

DATE

2003 LIMITED LIABILITY COMPANY

Mailing Address

TUALATIN OR 97062

3. Mailing Address

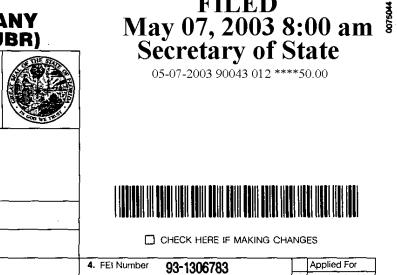
City & State

Suite, Apt. #, etc.

P.O. BOX 3050

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100001111



5. Certificate of Status Desired

6. Name and Address of Current Registered Agent BARKLEY, PAT 754 FLEET FINANCIAL CT SUITE 200

LONGWOOD FL 32750

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

BERG WHOLESALE HARDWARE LLC

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

P.O. BOX 3050

TUALATIN OR 97062

	7. Nam	Name and Address of New Registered Agent					
Name							
Street Addr	ess (P.O. Box N	Number is Not /	Acceptable)		<u> </u>		
City					Zip Code		

		Make Check Payable Due	to Florida De By May 1, 200							
9.	9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, ATHUR H 45740 AUSTIN HWY FALLON NV 89406	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Berg, Ari	thur		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICK, CATHERINE 23591 BUTTE LANE NE- AURORA OR 97002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0918 SW Portland	Comu OR 9	s 17219	Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition		

Country

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

FILE NOW!!! FEE IS \$50.00

(NOTE: Registered Agent signature required when reinstating)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP