

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

14538

**DOCUMENT # M02000002310**

1. Entity Name  
**BERKLINE, LLC**



**FILED**  
**2004 DEC 16 PM 2:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1 BERKLINE DR.  
MORRISTOWN, TN 37819**

Mailing Address  
**1 BERKLINE DR.  
MORRISTOWN, TN 37819**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip - - - Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip - - - Country

**11022004 REIN-LLC CR2E101 (6/04)**

4. FEI Number  
**75-3000898**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Ed Hand - Arrivee* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2005, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WITTENBERG, C. WILLIAM 1 BERKLINE DR. MORRISTOWN, TN 37819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100043465801</b> <b>12/16/04--01045--011 **50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSICK, LARRY R 1 BERKLINE DR. MORRISTOWN, TN 37819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECKARD, DALTHARD M 1 BERKLINE DR. MORRISTOWN, TN 37819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Darryl R. Mauch* **12/08/04** **423.585.1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #