2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M08000000005

1. Entity Name BERLENZ COMPANY, L.L.C.



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

5229 LARK LN ALEXANDRIA, LA 71303 Mailing Address

5229 LARK LN

ALEXANDRIA, LA 71303



DO NOT WRITE IN THIS SPACE :

03062008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 72-1530108

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABANDO, JOSE ROBERTO 18 COQUINA RIDGE WAY ORMOND BEACH, FL 32174 DO NOT WRITE IN THIS SPACE

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMIGO, ANTHONY 5229 LARK LN ALEXANDRIA, LA 71303		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME Street Address City-St-Zip			

DO NOT WRITE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR JUTHORIZED REPRESENTATIVE

Chin go

(ANTHONY AMIGO)

3/14/08

£5£5-128786(318)

Date

Daytime Phone #