

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016166 AF

APPROVED  
AND  
FILED

00 APR 18 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # M99000000725

1. Entity Name  
BERLIN, LLC

Principal Place of Business Mailing Address  
300 N. CLEVELAND-MASSILLON RD., SUITE 200 300 N. CLEVELAND-MASSILLON RD., SUITE 200  
AKRON OH 44333-2484 AKRON OH 44333-2484

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BERLIN, JAMES  
STREET ADDRESS 300 N. CLEVELAND-MASSILLON RD., SUITE 200  
CITY-ST-ZIP AKRON OH 44333-2484

TITLE ☐ Change ☐ Addition  
NAME 800003238998--5  
STREET ADDRESS -05/04/00--01013--008  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME BERLIN, MADELINE  
STREET ADDRESS 300 N. CLEVELAND-MASSILLON RD., SUITE 200  
CITY-ST-ZIP AKRON OH 44333-2484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/8/10

Date

330-668-8886

Daytime Phone #