2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY 18 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000725

1. Entity Name

Berlin, LLC

Principal Place of Business	Mailing Address
1795 Brookwood Drive Akron, OH 44313	"same"

2. Principal Place of Business		3. Mailing Address	
1795 Brookwood Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Akron, OH 44313		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ 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
CT Corporation System	Name
1200 South Pine Island Road	Street Address (P.O. Box Number is Not Acceptable)
Plantation, FL 33324	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

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-06/18/01--01002--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Berlin, James 1795 Brookwood Drive Akron, OH 44313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1795 Brookwood Drive Akron, OH 44313	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Berlin, Madeline 1795 Brookwood Drive Akron, OH 44313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1795 Brookwood Drive Akron, OH 44313	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: [signature] 4/30/01 330-668-8886

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