

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000014225

**Entity Name:** BERALUNA, LLC

**Current Principal Place of Business:**

581 N. PARK AVE  
2105  
APOPKA, FL 32712

**Current Mailing Address:**

P.O BOX 2105  
APOPKA, FL 32712 US

**FEI Number:** 27-2702962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUNA, AGUSTIN  
581 N. PARK AVE  
2105  
APOPKA, FL 32712 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LUNA, GUS  
Address 581 N PARK AVE.  
2105  
City-State-Zip: APOPKA FL 32712

Title MGRM  
Name BERANEK, FRED  
Address 34303 ALAMEDA DR.  
City-State-Zip: SORRENTO FL 32776

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AGUSTIN LUNA

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date