

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000021037

**Entity Name:** BIRKELAND INVEST, LLC

**Current Principal Place of Business:**

244 CODRINGTON DRIVE  
LAUDERDALE BY THE SEA, FL 33308

**Current Mailing Address:**

244 CODRINGTON DRIVE  
LAUDERDALE BY THE SEA, FL 33308 US

**FEI Number:** 45-4531364

**Certificate of Status Desired:** No

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

DANIELS, JULIE  
244 COORINGTON DRIVE  
LAUDERDALE BY THE SEA, FL 33308 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 MGR  
Name BIRKELAND, TRYGVE  
Address MOLLESTAD  
City-State-Zip: BIRKELAND 4760

Title MGR  
Name RUGSLAND, KNUT A  
Address FLAKKSVANN  
City-State-Zip: BIRKELAND N 4760

Title MGR  
Name BIRKELAND, PER A  
Address SVALANDSVEIEN 219  
City-State-Zip: BIRKELAND 4760

Title MGR  
Name LINDTVEIT, SIGMUND  
Address NES VESTREI FJORDBYGDVEIEN 615  
City-State-Zip: VEGAARSHEI 4985

Title MGR  
Name AAS, THOR DANIEL  
Address AAS  
City-State-Zip: ENGESLAND 4768

Title MGR  
Name HAUGEN, ASBJOERN  
Address VERKSVEGEN 4  
City-State-Zip: EVJE 4735

Title MGR  
Name THORVALDSEN, PAAL  
Address KNOKFJELLVEIEN 1  
City-State-Zip: VEGAARSHEI 4985

Title MGR  
Name LINDTVEIT, TORSTEIN  
Address MOLLESTAD  
City-State-Zip: BIRKELAND 4760

*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:** PER ARE BIRKELAND

MGR

03/17/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date