

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000108002

**Entity Name:** BIONIC BLOODSTOCK, LLC

**Current Principal Place of Business:**

510 SE HWY 484  
OCALA, FL 34480

**Current Mailing Address:**

510 SE HWY 484  
OCALA, FL 34480

**FEI Number:** 46-0833954

**Certificate of Status Desired:** No

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

BERKELHAMMER, BARRY  
510 SE HWY 484  
OCALA, FL 34480 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 BERKELHAMMER, BARRY  
Address 510 SE HWY 484  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name FELD, ROBERT  
Address 155 N. MYRTLE AVE  
City-State-Zip: MONROVIA CA 91016

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY BERKELHAMMER

**MANAGING MEMBER**

**01/22/2013**

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

\_\_\_\_\_  
Date