

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2200000703

**Entity Name:** BERTHA AIKEN, LLC

**Current Principal Place of Business:**

10290 ATLANTIC AVENUE #481149  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

10290 ATLANTIC AVENUE #481149  
DELRAY BEACH, FL 33446 US

**FEI Number:** 46-1700054

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 STASHOWER, HARVEY  
Address 2702 EAST 66TH STREET  
City-State-Zip: BROOKLYN NY 11234

Title MBR  
Name STASHOWER, HARVEY  
Address 2702 EAST 66TH STREET  
City-State-Zip: BROOKLYN NY 11234

Title AP  
Name HUBERMAN, SETH  
Address PO BOX 481149  
City-State-Zip: DELRAY BEACH FL 33448

Title MGR  
Name KESSLER, JEROME  
Address 6913 NW 126TH AVENUE  
City-State-Zip: PARKLAND FL 33076

Title MBR  
Name KESSLER, JEROME  
Address 6913 NW 126TH AVENUE  
City-State-Zip: PARKLAND FL 33076

Title AP  
Name KESSLER, ROBERT  
Address PO BOX 481149  
City-State-Zip: DELRAY BEACH FL 33448

*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:** ROBERT KESSLER

**AUTHORIZED PERSON**

**02/07/2023**

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

\_\_\_\_\_  
Date