

2024 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
REPRESENTATIVE**

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date