

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93604 001 ***150.00

DOCUMENT # L000Q0009689

1. Entity Name

BAKERLOFE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1535 Three Village Rd

Suite, Apt. #, etc.

3. Mailing Address

1535 Three Village Rd

Suite, Apt. #, etc.

P.O. Box 266 888

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
65-1032185

Applied For
Not Applicable

Zip
33326

Country
USA

Zip
33326-6888

Country
USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Patrick Vivies, CPA PA

Street Address (P.O. Box Number is Not Acceptable)

700 E. Dania Beach Blvd # 202

City
Dania

FL

Zip Code
33326

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
Balofe, Inc.
1535 Three Village Rd
Weston, FL. 33326

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

Loïc FEILLET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

May 15-2002

CR2E083B (12/01)