

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022209

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC1118668772**

**Entity Name:** BAUSCH AMERICAN TOWERS, LLC

**Current Principal Place of Business:**

6800 S.W. JACK JAMES DR.  
STUART, FL 34997

**Current Mailing Address:**

6800 S.W. JACK JAMES DR.  
STUART, FL 34997

**FEI Number: 01-0550438**

**Certificate of Status Desired: No**

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

BAUSCH, C. TIMOTHY  
6800 SW JACK JAMES DR  
STUART, FL 34997 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 BAUSCH, C. TIMOTHY  
Address 6800 SW JACK JAMES DR  
City-State-Zip: STUART FL 34997

Title MGRM  
Name LACOMBE, DOMINICK SR.  
Address 6800 SW JACK JAMES DR  
City-State-Zip: STUART FL 34997

Title MGRM  
Name CHOUEST, DINO  
Address 16201 EAST MAIN STREET  
City-State-Zip: CUT OFF LA 70345

Title AUTHORIZED REPRESENTATIVE  
Name AUSTIN, DIONNE C  
Address 16201 EAST MAIN  
City-State-Zip: CUT OFF LA 70345

Title AUTHORIZED REPRESENTATIVE  
Name MATHERNE, RACHEAL A  
Address 16201 EAST MAIN  
City-State-Zip: CUT OFF LA 70345

*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: RACHEAL A. MATHERNE**

**AUTHORIZED  
REPRESENTATIVE**

**01/16/2018**

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

\_\_\_\_\_  
Date