

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031129

Entity Name: FORM WORKS/BAKER JV, LLC**Current Principal Place of Business:**4951 S W 34TH PLACE
FORT LAUDERDALE, FL 33314**Current Mailing Address:**900 N GARVER RD
MONROE, OH 45050**FEI Number: 42-1562305****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MARKS, DONALD M
Address 8321 N.W. 90TH STREET
City-State-Zip: MEDLEY FL 33166

Title MGR
Name HEATH, KENNETH
Address 8321 N.W.90TH STREET
City-State-Zip: MEDLEY FL 33166

Title MGR
Name GRIESHABER, JOHN
Address 8321 N.W. 90TH STREET
City-State-Zip: MEDLEY FL 33166

Title MANAGER
Name BAKER, ROBERT M
Address 900 N GARVER RD
City-State-Zip: MONROE OH 45050

Title MANAGER
Name FORNELLA, NORMAN G
Address 900 N GARVER RD
City-State-Zip: MONROE OH 45050

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 M BAKER**MGR****02/04/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date