## 2024 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

FILED Feb 08, 2024

**Secretary of State** 

0458996205CC

Authorized Person(s) Detail:

Title MGR

MARKO BONALB

Name MARKS, DONALD M

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

SIGNATURE: ROBERT M BAKER

Title MGR

Name HEATH, KENNETH

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

**MGR** 

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.

Electronic Signature of Signing Authorized Person(s) Detail

02/08/2024 Date