

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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****03/07/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date