

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043448

Entity Name: BAR INVEST MANAGEMENT SERVICES, LLC**Current Principal Place of Business:**1200 PONCE DE LEON
1103
CORAL GABLES, FL 33134**Current Mailing Address:**1200 PONCE DE LEON
1103
CORAL GABLES, FL 33134 US**FEI Number:** 68-0575055**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBERA, HERVE
1200 PONCE DE LEON
1103
CORAL GABLES, FL 33134 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 | BARBERA, JACQUES |
| Address | 1200 PONCE DE LEON 1103 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|----------------------------|
| Title | MGR |
| Name | BARBERA, HERVE |
| Address | 1200 PONCE DE LEON 1103 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|----------------------------|
| Title | MGR |
| Name | BARBERA, THIERRY |
| Address | 1200 PONCE DE LEON 1103 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|----------------------------|
| Title | MGR |
| Name | BARBERA, JEANNE |
| Address | 1200 PONCE DE LEON 1103 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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: HERVE BARBERA

MGR

01/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date