

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000073198

**Entity Name:** THE BA BUTLER GROUP, LLC

**Current Principal Place of Business:**

15436 N FLORIDA AVE  
SUITE 160  
TAMPA, FL 33613

**Current Mailing Address:**

PO BOX 1620  
LUTZ, FL 33548 US

**FEI Number:** 20-5248945

**Certificate of Status Desired:** No

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

BUTLER, BRIAN A  
15436 N FLORIDA AVE  
SUITE 160  
TAMPA, FL 33613 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 BUTLER, BRIAN A  
Address 15436 N FLORIDA AVE, SUITE 160  
City-State-Zip: TAMPA FL 33613

*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:** BRIAN A. BUTLER

MGRM

03/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date