

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112840

**Entity Name:** BACUS HOLDINGS LLC**Current Principal Place of Business:**2742 BISCAYNE BLVD  
MIAMI, FL 33137**Current Mailing Address:**2742 BISCAYNE BLVD  
MIAMI, FL 33137 US**FEI Number:** 33-1219300**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHNEIDER, BEN  
2742 BISCAYNE BLVD  
MIAMI, FL 33137 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:** BEN SCHNEIDER

06/12/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | MGRM               |
| Name            | SCHNEIDER, BEN     |
| Address         | 2742 BISCAYNE BLVD |
| City-State-Zip: | MIAMI FL 33137     |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | COHEN DE SCHNEIDER, PATRICIA |
| Address         | 2742 BISCAYNE BLVD           |
| City-State-Zip: | MIAMI FL 33137               |

|                 |                    |
|-----------------|--------------------|
| Title           | MGRM               |
| Name            | COHEN, JACK        |
| Address         | 2742 BISCAYNE BLVD |
| City-State-Zip: | MIAMI FL 33137     |

|                 |                     |
|-----------------|---------------------|
| Title           | MGRM                |
| Name            | STERENTAL, JEANETTE |
| Address         | 2742 BISCAYNE BLVD  |
| City-State-Zip: | MIAMI FL 33137      |

*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:** BEN SCHNEIDER

MGRM

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date