

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086133

**Entity Name:** 5739 BAP, LLC

**Current Principal Place of Business:**

5739 BYRON ANTHONY PLACE  
SANFORD, FL 32771

**Current Mailing Address:**

5739 BYRON ANTHONY PLACE  
SANFORD, FL 32771 US

**FEI Number:** 46-2990854

**Certificate of Status Desired:** No

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

SOUTH MILHAUSEN, P.A.  
ATTN: JEFFREY P. MILHAUSEN, ESQ  
GATEWAY CENTER-1000 LEGION PLACE-STE 1200  
ORLANDO, FL 32801 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 WISE, GEOFFREY  
Address 5739 BYRON ANTHONY PLACE  
City-State-Zip: SANFORD FL 32771

*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:** GEOFFREY WISE

**MANAGER**

**02/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date