

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000175138

**Entity Name:** B & A COMMUNICATIONS, LLC**Current Principal Place of Business:**2636 N EAST AVE  
PANAMA CITY, FL 32405**Current Mailing Address:**10134 E SUPERNOVA DR  
MESA, FL 85212 US**FEI Number:** 47-2329058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POZIL, BRANDY  
108 BLUE SAGE RD  
PANAMA CITY BEACH, FL 32413 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           | AMBR                       |
| Name            | POZIL, BRANDY              |
| Address         | 10134 E SUPERNOVA DR       |
| City-State-Zip: | MESA AZ 85212              |
| Title           | AUTHORIZED MEMBER          |
| Name            | POZIL, STEPHEN             |
| Address         | 108 BLUE SAGE RD           |
| City-State-Zip: | PANAMA CITY BEACH FL 32413 |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | AUTHORIZED MEMBER                  |
| Name            | ALPHA AND OMEGA COMMUNICATIONS LLC |
| Address         | 91 ZENA DR                         |
| City-State-Zip: | CARTERSVILLE GA 30121              |

*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:** BRANDY POZIL

CEO

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date