

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000185296

**Entity Name:** BAYBROOKE CENTER LLC

**Current Principal Place of Business:**

4995 49TH STREET N  
SAINT PETERSBURG, FL 33709

**Current Mailing Address:**

4995 49TH STREET N  
SAINT PETERSBURG, FL 33709 US

**FEI Number:** 47-2452415

**Certificate of Status Desired:** No

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

MILLER, RONDA S  
4995 49TH STREET N  
SAINT PETERSBURG, FL 33709 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           MANAGER, AUTHORIZED MEMBER,  
                  CEO, DIRECTOR, PRESIDENT  
Name           MILLER, RONDA S  
Address        4995 49TH STREET N  
City-State-Zip: SAINT PETERSBURG FL 33709

Title           SECRETARY  
Name           CAUCHON, BROOKE  
Address        4995 49TH STREET N  
City-State-Zip: SAINT PETERSBURG FL 33709

*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:** RONDA MILLER

**PRESIDENT**

**02/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date