

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000072321

Entity Name: BIGAD, LLC**Current Principal Place of Business:**2121 PONCE DE LEON BLVD STE 11TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2121 PONCE DE LEON BLVD STE 11TH FLOOR
CORAL GABLES, FL 33134**FEI Number:** 61-1763959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ERDEI, GUILLERMO
2121 PONCE DE LEON BLVD
STE 1100
CORAL GABLES, FL 33134 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:** GUILLERMO ERDEI

03/15/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ERDEI, GUILLERMO E
Address 2121 PONCE DE LEON BLVD STE
11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name BYSKUBIEZ, IRENE B
Address 2121 PONCE DE LEON BLVD STE
11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ERDEI, ALAN
Address 2121 PONCE DE LEON BLVD STE
11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ERDEI, BRENDA
Address 2121 PONCE DE LEON BLVD STE
11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ERDEI, DYLAN
Address 2121 PONCE DE LEON BLVD STE
11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

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: GUILLERMO ERDEI**MANAGER**

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date