

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000090633

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC0338536761**

**Entity Name:** BAYM LLC

**Current Principal Place of Business:**

2750 NE 185 ST., STE. 204  
AVENTURA, FL 33180

**Current Mailing Address:**

2750 NE 185 ST., STE. 204  
AVENTURA, FL 33180 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FISHMAN, GREGORY R  
2750 NE 185 ST., STE. 204  
AVENTURA, FL 33180 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 PEON DEL VALLE, ESTEBAN JOSE  
AILLOUD  
Address 2750 NE 185 ST., STE. 204  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name AILLOUD FRANCO, MARCELA  
Address 2750 NE 185 ST., STE. 204  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name AILLOUD FRANCO, ESTEBAN JAVIER  
Address 2750 NE 185 ST., STE. 204  
City-State-Zip: AVENTURA FL 33180

*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:** MARCELA AILLOUD FRANCO

AMBR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date