

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000016718

**Entity Name:** BARAK LYNN PLLC

**Current Principal Place of Business:**

19380 COLLINS AVE  
517  
SUNNY ISLES, FL 33060

**Current Mailing Address:**

19380 COLLINS AVE  
517  
SUNNY ISLES, FL 33060 US

**FEI Number:** 81-1278856

**Certificate of Status Desired:** No

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

LYNN, BARAK  
19380 COLLINS AVE  
517  
SUNNY ISLES, FL 33060 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 MGRM  
Name LYNN, BARAK  
Address 19380 COLLINS AVE  
517  
City-State-Zip: SUNNY ISLES FL 33060

*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:** BARAK LYNN

MGR

02/01/2017

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

\_\_\_\_\_  
Date