

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000004531

**Entity Name:** 1276 BAKER RD LLC

**Current Principal Place of Business:**

830 A1A NORTH  
STE 13, 501  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

P. O. BOX 9572  
CHESAPEAKE, VA 23321 US

**FEI Number:** 82-2588399

**Certificate of Status Desired:** No

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

JONES, TERI M  
830 A1A NORTH  
STE. 13, 501  
PONTE VEDRA BEACH, FL 32082 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 MGR  
Name JONES, FARRIS M  
Address P O BOX 9572  
City-State-Zip: CHESAPEAKE VA 23321

Title MGR  
Name JONES, TERI M  
Address P O BOX 9916  
City-State-Zip: CHESAPEAKE VA 23321

Title MGR  
Name JONES, ELIZABETH H  
Address P O BOX 9572  
City-State-Zip: CHESAPEAKE VA 23321

Title MGR  
Name GRAHAM, ROBERT ESQ.  
Address P. O. BOX 9916  
City-State-Zip: CHESAPEAKE VA 23321

*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:** TERI JONES

**MGR**

**05/12/2020**

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

\_\_\_\_\_  
Date