

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000185909

Entity Name: BABA CELL, LLC

Current Principal Place of Business:

10154 OAKISLE ROAD WEST
JACKSONVILLE, FL 32257

Current Mailing Address:

10154 OAKISLE ROAD WEST
JACKSONVILLE, FL 32257 US

FEI Number: 82-2656440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, MEIR
10154 OAKISLE ROAD WEST
JACKSONVILLE, FL 32257 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 COHEN, MEIR
Address 10154 OAKISLE ROAD WEST
City-State-Zip: JACKSONVILLE FL 32257

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: MEIR COHEN

MGMR

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date