

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000196851

**Entity Name:** BALLARAT LLC

**Current Principal Place of Business:**

4351 MCGIRTS BLVD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4351 MCGIRTS BLVD  
JACKSONVILLE, FL 32210 US

**FEI Number: 84-2692280**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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	Title	AMBR
Name	WADE, KEVIN C SR	Name	WADE, ANDREA T SR
Address	2072 KIRBY ROAD	Address	2072 KIRBY ROAD
City-State-Zip:	MCLEAN VA 22101	City-State-Zip:	MCLEAN VA 22101

*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: KEVIN CAMERON WADE SR**

**MANAGER**

**02/15/2021**

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

\_\_\_\_\_  
Date