

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000138800

**Entity Name:** BABY CADET LLC

**Current Principal Place of Business:**

6501 ARLINGTON EXPRESSWAY B105 #2095  
B105 #2095  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

6501 ARLINGTON EXPRESSWAY B105 #2095  
B105 #2095  
JACKSONVILLE, FL 32211 US

**FEI Number:** 87-2922433

**Certificate of Status Desired:** No

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

SHARP, MALAIYA  
6501 ARLINGTON EXPRESSWAY B105 #2095  
B105 #2095  
JACKSONVILLE, FL 32211 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 CADET, GIOVANNI  
Address 6501 ARLINGTON EXPRESSWAY  
City-State-Zip: JACKSONVILLE FL 32211

Title AMBR  
Name SHARP, MALAIYA  
Address 6501 ARLINGTON EXPRESSWAY  
City-State-Zip: JACKSONVILLE FL 32211

Title ANBR  
Name CADET, DAVID  
Address 6501 ARLINGTON EXPRESSWAY  
City-State-Zip: JACKSONVILLE FL 32211

*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:** MALAIYA SHARP

AMBR

04/30/2022

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

\_\_\_\_\_  
Date