

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000380230

**Entity Name:** BALTHOM LLC

**Current Principal Place of Business:**

12124 SAINT ANDREWS PLACE  
BUILDING 4 APT 112  
MIRAMAR, FL 33025

**Current Mailing Address:**

12124 SAINT ANDREWS PLACE  
BUILDING 4 APT 112  
MIRAMAR, FL 33025 US

**FEI Number:** 87-2678673

**Certificate of Status Desired:** No

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

PAULOVICH, THOMAS  
12124 SAINT ANDREWS PLACE  
BUILDING 4 APT 112  
MIRAMAR, FL 33025 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 PAULOVICH, THOMAS  
Address 12124 SAINT ANDREWS PLACE  
BUILDING 4 APT 112  
City-State-Zip: MIRAMAR FL 33025

Title MGR  
Name MIGUEZ, KARINA L  
Address 12124 SAINT ANDREWS PLACE BLDG  
4 APT 112  
City-State-Zip: MIRAMAR FL 33025

Title MGR  
Name PAULOVICH, CESAR W  
Address 12124 SAINT ANDREWS PLACE BLDG  
4 APT 112  
City-State-Zip: MIRAMAR FL 33025

*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:** THOMAS PAULOVICH

**MANAGER**

**01/22/2024**

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

\_\_\_\_\_  
Date