

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91533 046 \*\*\*150.00

DOCUMENT # 20000011758

1. Entity Name

BA MOVING SERVICES LLC ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3110 N.E. 2nd Ave  
Suite, Apt. #, etc.

3. Mailing Address

3110 N.E. 2nd Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
OAKLAND PK, FL

City & State  
OAKLAND PARK

4. FEI Number  
65-1044-93

Applied For  
Not Applicable

33334  
Country  
USA

FL 33334  
Zip  
Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MARGARET GRANT

Street Address (P.O. Box Number is Not Acceptable)

5824 N Sable Circle

MARGARET

FL Zip Code  
33063

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MARGARET GRANT  
2810 OAKLAND FOREST DR  
OAKLAND PARK FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MARGARET GRANT  
5824 N Sable Circle  
Margate FL 33063

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Margaret Grant

5/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)