

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008063

1. Entity Name
B & A FINANCE, LLC



Principal Place of Business
**4311 DOWN POINT LANE
WINDERMERE, FL 34786**

Mailing Address
**4311 DOWN POINT LANE
WINDERMERE, FL 34786**



01222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3717963

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HESS, MARK S
4311 DOWN POINT LANE
WINDERMERE, FL 34786**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HESS, MARK
STREET ADDRESS	4311 DOWN POINT LANE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	STUDEBAKER, MONTGOMERY L VP
STREET ADDRESS	4000 WILLOW BAY DR.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	STRAMPP, LELAND
STREET ADDRESS	2680 RANGELEY CT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	MGRM
NAME	STRAMPP, LISA
STREET ADDRESS	2680 RANGELEY CT
CITY-ST-ZIP	ORLANDO, FL 32835

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01/25/05-BD037-006 165.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

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

Date

Daytime Phone #