

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-29-2008 90062 046 *****50.00
 02-26-2008 90036 019 *****5.00
 03-03-2008 90404 038 *****88.75



1st MOORE CR2E083 (10/06)

DOCUMENT # L02000027786
 1. Entity Name
BAK LLC



Principal Place of Business
**251 ATLANTIC ISLE
 SUNNY ISLES FL 33160**

Mailing Address
**251 ATLANTIC ISLE
 SUNNY ISLES FL 33160**

2. Principal Place of Business - No P.O. Box
 Suite, Apt. # etc. **SAME**

3. Mailing Address
 Suite, Apt. # etc. **SAME**

City & State

4. FEI Number **14-1863862**
 Applied For / Not Applicable

Zip Country

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

8. Name and Address of Current Registered Agent
**HOLLAND, PAULINE M
 251 ATLANTIC ISLE
 SUNNY ISLES BEACH FL 33160**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Applicable)
 City **FL** Zip Code

9. 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 _____

FILE NOW IN FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2008

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete MGR HOLLAND, PAULINE 251 ATLANTIC ISLE SUNNY ISLE BEACH FL 33160	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

305-945-8480
 305-609-3467

SIGNATURE: *Pauline M. Holland* **1/15/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE