

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000019923

1. Entity Name

BAKER'S OUTSIDE SERVICES & SOLUTIONS LLC



Principal Place of Business

855 SUSAN DRIVE
LAKELAND FL 33803

Mailing Address

855 SUSAN DRIVE
LAKELAND FL 33803

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (4/07)



08 JAN 10 PM 1:50

SECRETARY OF STATE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, RYAN
855 SUSAN DRIVE
LAKELAND FL 33803

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME BAKER, RYAN
STREET ADDRESS 855 SUSAN DRIVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME 100110861871
STREET ADDRESS 10/16/07--01053--004 **\$50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BAKER, KEOMI
STREET ADDRESS 855 SUSAN DRIVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME 100110861871
STREET ADDRESS 01/02/08--01038--002 **100.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

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

7/12/07

Date

863-603-0154

Daytime Phone #

REINSTATEMENT

07
SA 1/20