

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057236

FILED  
Aug 06, 2008  
Secretary of State

Entity Name: BAKA, LLC

**Current Principal Place of Business:**

605 N. YONGE STREET  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

605 N. YONGE STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

PO BOX 730787  
ORMOND BEACH, FL 32173

FEI Number: 20-5093966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HOOD, CHARLES D JR.  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH, FL 32118      US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LAUER, PAM  
Address: 605 N. YONGE STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Change (X) Addition  
Name: DASILVA, KENNEDY M  
Address: 2 SENLAC CT  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PAM LAUER

MGR

08/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date