

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057236

**FILED
Apr 30, 2009
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:

PO BOX 730787
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 20-5093966 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

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

ADDITIONS/CHANGES:

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

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

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

04/30/2009

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