

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000088871

1. Entity Name
BA-GR, LLC



Principal Place of Business
2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

Mailing Address
P.O. BOX 5403
FORT LAUDERDALE, FL 33310-5403



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NGUYEN, DOQUYEN T
2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCCLUNG, JAY C
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGR
NAME	SNYDER, MARCIA
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGR
NAME	TOALSON, VALERIE C
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000924576
05/19/08-80007-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Valerie C. Toalson **Valerie C. Toalson, Manager** **4/22/08** **954-940-5000**

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

Date

Daytime Phone #