DOCU	MENT # MOOO	00000786						
1. Entity Name BARON FALLS MANAGEMENT, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plac	on of Rusiness	Mailing Address			OLSE.	P 25 PM	In: 57 🗡	$\langle \cdot \rangle$
Principal Place of Business ONE EAST LIVINGSTON AVENUE COLUMBUS OH 43215-5700		ONE EAST LIVINGSTON AVENUE COLUMBUS OH 43215-5700			01 3E1 23 11110 37 . V			
2. Principal P	Place of Business	3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State		4. FEI Nu	mber API	PLIED FOR	<u> </u>	oplied For
Zip	Country	Zip	Country	5. Certific	ate of Status De	esired 🗗	\$5.00 Add	ditional
	6. Name and Address of Cur	rrent Registered Agent	Name	7. Name	and Address o	New Register		
LEVINE, ALAN W ESQ. 1110 BRICKELL AVENUE, 7TH FLO MIAMI FL 33131		LOOR	Street Ade		ess (P.O. Box Number is Not Acceptable)			
MU	AMI FL 33131		City			_·	Zip Cod	
	e named entity submits this stateme		registered office or reg		_			
	e named entity submits this statemed	agent and title if applicable. (NOTE FILE NO Make Check Pa		equired when reinstating	_	ate of Florida.		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOTE FILE NO Make Check Pa	registered office or registered Agent signature re DW!!! FEE IS \$50. yable to Departme	equired when reinstating)	ate of Florida.	TE	
SIGNATURE . 3. ITILE HAME STREET ADDRESS	Signature, typed or printed name of registered MANAGING ME MGRM BOWNAS, JAMES H ONE EAST LIVINGSTON A	AGENTAL AND AGENCE AND	registered office or registered Agent signature in DW!!! FEE IS \$50. yable to Departmer is September 26, 20	equired when reinstating)	ate of Florida.	TE	
SIGNATURE . S. ITILE IAME IAME SITY-ST-ZIP ITILE IAME STREET ADDRESS	Signature, typed or printed name of registered MANAGING ME MGRM BOWNAS, JAMES H	AGENTAL AND AGENCE AND	registered office or registered Agent signature re DW!!! FEE IS \$50. yable to Departmer September 26, 20: 10. TITLE NAME STREET ADDRESS	equired when reinstating .00 int of State 01	ADD	DA ITIONS/CHANG	Change	Addition
D. ITUE IAME STREET ADDRESS CITY-ST-ZIP ITUE IAME STREET ADDRESS CITY-ST-ZIP. ITUE IAME ITUE IAME ITUE IAME ITUE IAME ITUE IAME ITUE IAME	Signature, typed or printed name of registered MANAGING ME MGRM BOWNAS, JAMES H ONE EAST LIVINGSTON A	AVENUE	registered office or registered Agent signature or DW!!! FEE IS \$50. yable to Departme or September 26, 20 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	equired when reinstating .00 int of State 01	ADD	te of Florida. DA	Change	□ Addition □ Addition □ Addition □ 21 55,00
SIGNATURE . D. THE IAME ITHEE IAME STREET ADDRESS SITY-ST-ZIP THE IAME ITHE IAME	Signature, typed or printed name of registered MANAGING ME MGRM BOWNAS, JAMES H ONE EAST LIVINGSTON A	FILE NO Make Check Pa Due By MBERS/MANAGERS Delete VENUE Delete	registered office or registered Agent signature re DW!!! FEE IS \$50. yable to Departme r September 26, 20 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	equired when reinstating .00 int of State 01	ADD	DA ITIONS/CHANG	GES Change Change Change	Addition
9. SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered MANAGING ME MGRM BOWNAS, JAMES H ONE EAST LIVINGSTON A	### AND THE PROPERTY OF THE PR	registered office or registered Agent signature or DW!!! FEE IS \$50. yable to Departmer September 26, 201 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST	equired when reinstating .00 int of State 01	ADD	DA ITIONS/CHANG	Change Change Change Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 hostice 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

Date

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