

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086533

Entity Name: BAHN MANAGEMENT COMPANY, LLC**Current Principal Place of Business:**5075 JOEWOOD DRIVE
SANIBEL, FL 33957**Current Mailing Address:**2075 FRANKLIN ROAD
BLOOMFIELD HILLS, MI 48302 US**FEI Number:** 38-3325942**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PLEIN, SUE
11526 ANDY ROSSE LANE
CAPTIVA, FL 33924 US*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:** SUE PLEIN

03/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** OWNER, AUTHORIZED
REPRESENTATIVE**Name** BAHN, MARY C.**Address** 5075 JOEWOOD DRIVE**City-State-Zip:** SANIBEL FL 33957**Title** MR.**Name** BAHN, MICHAEL J**Address** 584 ASHTON PARK LANE**City-State-Zip:** SACRAMENTO CA 95864**Title** MRS.**Name** PHILLIPS, RENEE C**Address** 5522 HAVERHILL DRIVE**City-State-Zip:** WEST BLOOMFIELD MI 48322**Title** MR**Name** BAHN, MICHAEL M**Address** 5075 JOEWOOD DRIVE**City-State-Zip:** SANIBEL FL 33957**Title** MRS.**Name** REYES, MARISA R**Address** 5361 WOODVIEW DRIVE**City-State-Zip:** BLOOMFIELD HILLS MI 48302

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY C. BAHN

OWNER

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date