

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120742

**Entity Name:** BARBARA LYN, LLC

**Current Principal Place of Business:**

7827 FALLING LEAF PLACE  
MELBOURNE, FL 32940

**Current Mailing Address:**

PO BOX 411276  
MELBOURNE, FL 32941-1276 US

**FEI Number:** 27-2994235

**Certificate of Status Desired:** No

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

LYN, BARBARA  
7827 FALLING LEAF PLACE  
MELBOURNE, FL 32940 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LYN, BARBARA  
Address PO BOX 411276  
City-State-Zip: MELBOURNE FL 32941-1276

*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:** BARBARA LYN

MGR

05/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date