

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092459

Entity Name: BADJAG, LIMITED LIABILITY COMPANY**Current Principal Place of Business:**8514 BELFRY PLACE
PORT ST. LUCIE, FL 34986**Current Mailing Address:**8514 BELFRY PLACE
PORT ST. LUCIE, FL 34986**FEI Number:** 45-3030972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUTZ, MARYANNE
145 SO. ANCHORAGE DR.
NORTH PALM BEACH, FL 33408 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	SCHUKRAFT, BARBARA
Address	8514 BELFRY PLACE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	MGR
Name	SCHUKRAFT, DICK
Address	8514 BELFRY PLACE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	MGR
Name	CONK, JOHN
Address	1588 WESLEY AVE.
City-State-Zip:	MERRICK NY 11566

Title	MGR
Name	CONK, GINA MARIE
Address	1588 WESLEY AVE.
City-State-Zip:	MERRICK NY 11566

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: DICK SCHUKRAFT

MGR

02/18/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date