

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105033

**Entity Name:** BYRKET RD. FARM PARTNERSHIP LLC

**Current Principal Place of Business:**

426 MAJORCA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

426 MAJORCA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 45-0908699

**Certificate of Status Desired:** No

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

BAUR, WERNER  
426 MAJORCA AVENUE  
CORAL GABLES, FL 33134 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 MGRM  
Name OYLER, DENNIS  
Address 17350 SW 232 STE 105  
City-State-Zip: MIAMI FL 33170

Title MGRM  
Name OYLER, PAULINE  
Address 17350 SW 232 STE 105  
City-State-Zip: MIAMI FL 33170

Title MGRM  
Name BAUR, WERNER  
Address 426 MAJORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name BAUR, TRAUTE  
Address 426 MAJORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

*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:** TRAUTE BAUR

MGRM

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date