

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000004906

Entity Name: BAMBUTIME LLC**Current Principal Place of Business:**161 CRANDON BLVD
NO. 318
KEY BISCANYE, FL 33149**Current Mailing Address:**161 CRANDON BLVD
NO. 318
KEY BISCANYE, FL 33149**FEI Number:** 45-4232850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAM ACCOUNTING SERVICES CORP
17411 NW 8TH STREET
PEMBROKE PINES, FL 33029 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	LANDER, RAFAEL J
Address	400 NW 127 AVE APARTMENT # 10
City-State-Zip:	PLANTATION FL 33325

Title	MGR
Name	THIEL, LUISAMELIA
Address	2022 WEST SUMMER WIND
City-State-Zip:	SANTANA ANA CA 92704

Title	MGRM
Name	TOLEDO, ROSE MARIE
Address	161 CRANDON BLVD APARTMENT # 318
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D-P
Name	TOLEDO, ROSE MARIE
Address	161 CRANDON BLVD SUTE # 318
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D-S
Name	THIEL, LUISAMELIA
Address	2022 WEST SUMMER WIND
City-State-Zip:	SANTANA ANA CA 92704

Title	D-T
Name	LANDER, RAFAEL J
Address	400 NW 127 AVE APARTMENT # 10
City-State-Zip:	PLANTATION FL 33325

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: RAFAEL LANDER

MGRM

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date