

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114438

**Entity Name:** BAKER IT CONSULTING, LLC

**Current Principal Place of Business:**

100 ALMERIA AVE  
STE 230  
CORAL GABLES, FL 33134

**Current Mailing Address:**

100 ALMERIA AVE  
STE 230  
CORAL GABLES, FL 33134

**FEI Number:** 46-3464763

**Certificate of Status Desired:** No

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

BAKER, SIMON  
100 ALMERIA AVE  
STE 230  
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 BAKER, SIMON  
Address 100 ALMERIA AVE., STE 230  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name AGUIRRE, HECTOR  
Address C JARDIN DE LA NORIA 6, RDCIAL  
JARDINES DE  
City-State-Zip: SAN CARLOS, SAN ANDRES CHOLU  
AL 72824

*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:** BAKER , SIMON

**MANAGER**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date