

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000179985

Entity Name: THE BARNARD TEAM, LLC**Current Principal Place of Business:**809 HIGHPOINT DRIVE
PORT ORANGE, FL 32127**Current Mailing Address:**809 HIGHPOINT DRIVE
PORT ORANGE, FL 32127 US**FEI Number:** 47-2368286**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNARD, LLOYD G JR.
809 HIGHPOINT DRIVE
PORT ORANGE, FL 32127 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	BARNARD, LLOYD G JR.
Address	809 HIGHPOINT DRIVE
City-State-Zip:	PORT ORANGE FL 32127

Title	AUTHORIZED MEMBER
Name	MOORE, TRENTON
Address	809 HIGHPOINT DRIVE
City-State-Zip:	PORT ORANGE FL 32127

Title	AUTHORIZED MEMBER, TREASURER
Name	MATEVIA, MEGAN
Address	809 HIGHPOINT DRIVE
City-State-Zip:	PORT ORANGE FL 32127

Title	AUTHORIZED MEMBER
Name	TABORDA, STEVE
Address	809 HIGHPOINT DRIVE
City-State-Zip:	PORT ORANGE FL 32127

Title	AUTHORIZED MEMBER, VP
Name	GAGNON, EDWARD
Address	809 HIGHPOINT DRIVE
City-State-Zip:	PORT ORANGE FL 32127

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: LLOYD BARNARD

MGR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date