

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000089014

**Entity Name:** BEBAKE LLC

**Current Principal Place of Business:**

10020 NW 53RD STREET  
CITY OF SUNRISE, FL 33351

**Current Mailing Address:**

10020 NW 53RD STREET  
CITY OF SUNRISE, FL 33351 US

**FEI Number:** 81-2594900

**Certificate of Status Desired:** No

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

SANCHEZ, MARIA N  
10020 NW 53RD STREET  
CITY OF SUNRISE, FL 33351 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 SIABA, RAMON  
Address URB MASCAMARENA SECTOR C-131  
City-State-Zip: BÉTERA VALENCIA 46117

Title MGRM  
Name CAROLLO, WALTER  
Address AV EL MAR, 1 RESIDENCIAL LAS CALETAS A13  
City-State-Zip: COSTA TEGUISE LAS PALMAS 35508

Title MGRM  
Name SANCHEZ, MARIA N  
Address CALLE RAMBLA DE EL SALER 7B  
City-State-Zip: VALENCIA VALENCIA 46012

Title MGRM  
Name PONS RIBERA, DAVID  
Address C/MANUEL LOPEZ VARELA N 41  
City-State-Zip: LLIRIA VALENCIA 46160

*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:** MARIA N SANCHEZ

**MANAGING MEMBER**

**01/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date