

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000100014

**FILED  
Feb 01, 2018  
Secretary of State  
CC7717103686**

**Entity Name:** BAKER KLEIN - FORESIGHT JV, LLC

**Current Principal Place of Business:**

219 N NEWNAN STREET, 2ND FLOOR  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

219 N NEWNAN STREET, 2ND FLOOR  
JACKSONVILLE, FL 32202

**FEI Number:** 36-4867357

**Certificate of Status Desired:** No

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

CUMMINGS, KAREN H  
219 N NEWNAN STREET, 2ND FLOOR  
JACKSONVILLE, FL 32202 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 SEGARRA, JUAN MR  
Address 219 N NEWNAN STREET, 2ND FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name BAKER, TAMARA MRS  
Address 219 N NEWNAN STREET, 2ND FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name KLEIN, DEBRA MRS  
Address 219 N NEWNAN STREET, 2ND FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

*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:** TAMARA BAKER

**MEMBER**

**02/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date