

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000218667

**Entity Name:** BAD MAN PRODUCTIONS LLC

**Current Principal Place of Business:**

3674 BEACH BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3674 BEACH BLVD  
JACKSONVILLE, FL 32207

**FEI Number: 82-3043393**

**Certificate of Status Desired: No**

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

MCAVOY, KATHRYN D  
1115 POPOLEE RD  
SAINT JOHNS, FL 32259 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	Title	MGR
Name	MCAVOY, KATHRYN D	Name	FARMER, SAM
Address	1115 POPOLEE RD	Address	3674 BEACH BLVD
City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	JACKSONVILLE FL 32207

*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: KATHRYN D MCAVOY**

**MGR**

**04/19/2019**

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

\_\_\_\_\_  
Date