

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000356557

**Entity Name:** BALR, LLC

**Current Principal Place of Business:**

1021 SASSAFRAS GAP RD  
HIGHLANDS, NC 28741

**Current Mailing Address:**

PO BOX 1329  
HIGHLANDS, NC 28741 US

**FEI Number:** 85-4018422

**Certificate of Status Desired:** Yes

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

WESTBROOK, BRIN S  
5753 HWY 85 NORTH  
#3912  
CRESTVIEW, FL 32536 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:** BRIN S WESTBROOK

03/09/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER, MANAGER,  
AUTHORIZED REPRESENTATIVE  
Name WESTBROOK, BRIN S  
Address PO BOX 1329  
City-State-Zip: HIGHLANDS NC 28741

Title MANAGER, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name WESTBROOK, ANDREW  
Address PO BOX 1329  
City-State-Zip: HIGHLANDS NC 28741

*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:** BRIN S WESTBROOK

**AUTHORIZED MEMBER,  
REGISTERED AGENT**

03/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date