**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 15, 2024**
**Secretary of State**
**0931916831CC**

DOCUMENT# M20000002130

**Entity Name:** BAKER NEWMAN & NOYES P.A. LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

280 FORE STREET
PORTLAND, ME 04101

**Current Mailing Address:**

280 FORE STREET
PORTLAND, ME 04101 US

**FEI Number: 01-0494526**

**Certificate of Status Desired:** Yes

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

COGENGY GLOBAL INC.
115 N. CALHOUN STREET
SUITE:4
TALLAHASSEE, FL 32301 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 | BENWAY, C. DAYTON |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |

| | |
|---|---|
| Title | CFO |
| Name | HURLBURT, DARREN |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |

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|---|---|
| Title | AUTHORIZED MEMBER |
| Name | MCDEVITT-BULLENS, MARION JEAN |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | AUDI, MARK |
| Address | 133 FEDERAL STREET<br>SUITE 902 |
| City-State-Zip: | BOSTON MA 02110 |

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|---|---|
| Title | MGR |
| Name | CYR, RICKIE |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | SMITH, STANLEY ANDREW |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |

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|---|---|
| Title | AUTHORIZED MEMBER |
| Name | PRUNIER, MATT |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | DAVIS, ILONA |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |

**Continues on page 2**

*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: DARREN HURLBURT CFO 01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

## Authorized Person(s) Detail Continued :

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | PORTO, NICK |
| Address | 280 FORE STREET |
| City-State-Zip: | PORTLAND ME 04101 |