



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. ID No.** 000509309

**2. Exact Name of the Limited Liability Company** Baldwin Krystyn Sherman Partners, LLC

**3. State of Formation**

State: FL

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Insurance agency based in Florida with clients based in FL, but client may have a location in RI.

**5. Principal Office Address**

No. and Street: 4010 W BOY SCOUT BOULEVARD, SUITE 200

City or Town: TAMPA

State: FL Zip: 33607 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 4010 W BOY SCOUT BOULEVARD, SUITE 200

City or Town: TAMPA

State: FL Zip: 33607 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ELIZABETH KRISTYN	4010 W BOY SCOUT BLVD., SUITE 200 TAMPA, FL 33607 USA
MANAGER	LOWRY BALDWIN	4010 W BOY SCOUT BOULEVARD, SUITE 200 TAMPA, FL 33607 USA
MANAGER	LAURA SHERMAN	4010 W BOY SCOUT BLVD., SUITE 200 TAMPA, FL 33607 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 26 Day of September, 2014 at 7:22:37 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By REBECCA KIMBRELL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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