



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov)



Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

File #: 0005950946

Date Filed: 10/25/2024 4:37:00 PM

Due no later than: 08/31/2024

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 5355863

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/07/2023

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

B.A.C Construction & Renovations LLC  
9261 W PATINA DR  
BOISE, ID 83709

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

Jovany Nunez  
9261 W PATINA DR  
BOISE, ID 83709

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Jovany Nunez	9261 W Patina DR	Boise ID 83709
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.