

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90151 033 ***138.75

DOCUMENT # L07000028678					
1. Entity Name BAY STREET STUDIO, LLC					
Principal Place of Business 515 W. BAY STREET, STE. 200 TAMPA, FL 33606			Mailing Address 515 W. BAY STREET, STE. 200 TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8724223	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIORDANO, JOHN N 220 S. FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: <u>AUBUCHON, MICHAEL G.</u> Street Address (P.O. Box Number is Not Acceptable): <u>515 WEST BAY ST.</u> <u>SUITE 200</u> City: <u>TAMPA</u> FL <u>33606</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>MICHAEL AUBUCHON</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) <u>MANAGING MEMBER</u> DATE: <u>3.28.08</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM AUBUCHON, MICHAEL 515 WEST BAY ST., SUITE 200 TAMPA FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR TANNER, RODNEY T. 515 WEST BAY ST., SUITE 200 TAMPA FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR HOUGHTON, BRUCE S. 515 WEST BAY ST., SUITE 200 TAMPA FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR MANGIONE, SHARON 515 WEST BAY ST., SUITE 200 TAMPA FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR MCALISTER, BARBARA 515 WEST BAY ST., SUITE 200 TAMPA FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: <u>MICHAEL AUBUCHON</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>3.28.08</u> Daytime Phone #: <u>813.253.3465</u>		

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