

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031438

**Entity Name:** BAY AIR VENTURES, LLC

**Current Principal Place of Business:**

3313 W MULLEN AVE  
TAMPA, FL 33609

**Current Mailing Address:**

3313 W MULLEN AVE  
TAMPA, FL 33609 US

**FEI Number:** 26-2276903

**Certificate of Status Desired:** No

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

CARMICHAEL MANAGEMENT GROUP LLC  
3313 W MULLEN AVE  
TAMPA, FL 33609 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:** RORY CARMICHAEL

03/23/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name NIKA CORPORATE HOUSING  
Address 6402 S DALE MABRY HWY  
City-State-Zip: TAMPA FL 33611

Title MANAGER  
Name KHALEA, LP  
Address 7301 MERCHANT COURT  
City-State-Zip: SARASOTA FL 34240

Title AUTHORIZED MEMBER  
Name JJC ENTERPRISES LLC  
Address 5846 AUDUBON MANOR  
City-State-Zip: LITHIA FL 33547

Title AUTHORIZED MEMBER  
Name TAMPA BAY PLASTIC SURGERY INC  
Address 120 S FREEMONT AVE  
City-State-Zip: TAMPA FL 33606

Title MANAGER  
Name CARMICHAEL MANAGEMENT GROUP LLC  
Address 3313 W MULLEN AVE  
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER  
Name PETERSON, JEFFERY  
Address 3 CHESTERFIELD LAKES RD  
City-State-Zip: CHESTERFIELD MO 63005

*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:** RORY CARMICHAEL

MANAGER

03/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date