

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040546

Entity Name: BAY AREA MOBILE HOME PARKS, LLC**Current Principal Place of Business:**6629 GLENCOE DR
TEMPLE TERRACE, FL 33617**Current Mailing Address:**POB 290849
TAMPA, FL 33687**FEI Number:** 45-2506468**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WELLS, JAMES
6629 GLENCOE DR
TEMPLE TERRACE, FL 33617 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 MGRM
Name WELLS, JAMES
Address POB 290849
City-State-Zip: TAMPA FL 33687Title MANAGER
Name WELLS, JAMES M
Address 6629 GLENCOE DR.
City-State-Zip: TEMPLE TERRACE FL 33617Title ASST. MGR
Name WELLS, KAREN M
Address POB 290849
City-State-Zip: TAMPA FL 33687

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: JAMES WELLS

MANAGER

04/15/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date