2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # L00000006564 04-03-2002 90018 036 ****50.00 BAY TRADING COMPANY, L.L.C. Principal Place of Business Mailing Address 5901-C PEACHTREE DUNWOODY ROAD 5901-C PEACHTREE DUNWOODY ROAD SUITE 485 SUITE 485 27206 ATLANTA GA 30328 ATLANTA GA 30328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 53628 City & State City & State Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, ELIZABETH J ESQ. Street Address (P.O. Box Number is Not Acceptable) **BURKE & BLUE PA** 221 MCKENZIE AVE PANAMA CITY FL 32401 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered egent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE CR2E083 (9/01) ☐ Change ☐ Addition NAME HITSON, WILLIAM M MALAF STREET ADDRESS 5901-C PEACHTREE DUNWOODY ROAD SUITE 485 STREET ADDRESS CITY-ST-ZIP atlanta ga 30328 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADORESS

CITY-ST-ZIP

MANAQING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

☐ Addition

FILED