2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003872

1. Entity Name BAYNON CONSULTANTS, L.L.C.

FILED Feb 04, 2008 8:00 am Secretary of State 02-04-2008 90133 005 ***138.75

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Principal Place of Business 16651 KEYLIME BLVD			Mailing Address 16651 KEYLIME BLVD			600056	72			
LOXAHATCHEE, FL 33470			LOXAHATCHEE, FL 334	170				()) 55 11 55 15		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							1770
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01232008	Chg-LLC	CR2F	083 (12/06)	
City & State			City & State		4. FEI Numb	<u> </u>			plied For	
Zip Country			Zip Country		65-108			\$5.00 Add	t Applicable	
6. Name and Address of Current			"	torred & mont			e of Status Desired	<u> </u>	Fee Required	
	6. Name and Addr	ess of Current F	(egistered Agent		Name	/. Name an	d Address of New F	registered	Agent	
BAYNON, MARIA TERESA 16651 KEYLIME BLVD LOXAHATCHEE, FL 33470			Stree			ress (P.O. Box Number is Not Acceptable)				
LOXARAT	CHEE, FL 334/U									
				City				FL	Zip Code	;
	named entity submits l ions of registered agen		the purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. Lam	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name	re of registered agent a	nd title if applicable (NOTE	. Registere	d Agent signature require	ed when reinstating)		DATE		
FILE After May	NOW!!! FEE IS 5 7 1, 2008 Fee will	\$138.75 be \$538.75							payable to nent of State	,
9.	MAN	IAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS	/CHANGES	3	
TITLE	MGR		☐ Delete	TITLE	E				☐ Change	Addition
NAME	BAYNON, MARIAT	•		NAM	E					
STREET ADDRESS	16651 KEYLIME BI				ET ADDFESS					
CITY-ST-ZIP	LOXAHATCHEE, F	L 33470		CITY	-ST-ZIP					
TITLE	P		☐ Delete	TITLE					Change	☐ Addition
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CITY-ST-ZIP	1000 I VETEINIE D									
	LOXAHATCHEE E			STRE	ET ADDRESS					
1171.5	LOXAHATCHÉE, F		□ Dalaia	STRE	ET ADDFESS -ST-ZIP				Channe	☐ Addition
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	LOXAHATCHÉE, F		☐ Delete	STRE CITY TITLE NAM	EET ADDRESS -ST-ZIP				☐ Change	Addition
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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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

561-743-3991

Daytime Phone #