

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 039 ****50.00

DOCUMENT # L01000008631

1. Entity Name

BAYA AUTO SERVICE, L.L.C.



Principal Place of Business

**2581 BAYA AVE.
LAKE CITY FL 32055**

Mailing Address

**2581 BAYA AVE.
LAKE CITY FL 32055**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2061

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City FL

Zip

Country

Zip

32055

Country

4. FEI Number

59-3720254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILSON JR, CLIFTON W
199 SE BRESLIN PLACE
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WILSON, JOHN G**
STREET ADDRESS **2517 BAYA AVE.**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **MGRM** ☐ Delete
NAME **WILSON, PATRICIA**
STREET ADDRESS **2517 BAYA AVE.**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **MGRM** ☒ Delete
NAME **STANLEY, SHERMAN A**
STREET ADDRESS **RT 17 BOX 1834**
CITY-ST-ZIP **LAKE CITY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **827 SE. Monroe St**
CITY-ST-ZIP **lake city FL 32005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **Patricia Wilson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/03

386-755-7060

CR2E083 (10/02)