2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100008631 1. Entity Name

BAYA AUTO SERVICE, L.L.C.



FILED Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90030 039 ****50.00

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2. Principal Place of Businese Suite, Apt. #, etc.	2581 BAYA AVE.								
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied for City & Suite Country 320.55 Country S. Certificate of Status Desired Sx.0.0 Applied for Sx. Sx.	2. Principal Pl	lace of Business	3. P.O. Box Z	3. Melling Address P.O. Osx 2061		IN BHI NDERI MDER KOKE KOKE KOKE BOKE BOKE -	illi bolot folio bilos (
Country S. Certificate of Status Desired Sea Operations Sea Operat	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
8. Name and Address of Current Registered Agent WILSON JR, CLIFTON W 199 SE BRESLIN PLACE LAKE CITY FL 32055 City FL 2p Code City FL 32055 City	City & State		City & State Lake Ciny M		4. FEI Num	ber 59-3720254		`	
Name Stroct Address (P.O. Box Number is Not Acceptable)	Zip	Country	37055	Country	5. Certificat	e of Status Desired			
WILSON JR, CLIFTON W 199 SE BRESLIN PLACE LAKE CITY FL 32055 City FL ZP 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. Lam familiar with, and accept the obligations of registered agent. SiGNATURE Gravia. Vised or printed name of implained spert and title is explained. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 P. MANAGING MEMBERS / MANAGERS TITLE MARK WILSON, JOHN G STANLEY, ST. BAYA AVE. LAKE CITY FL MILE MILE MORPM WILSON, PATRICIA SIRES AUDRESS CITY-51-2P LAKE CITY FL Deide TITLE MORPM STANLEY, SHERMANA SIRES AUDRESS CITY-51-2P TITLE MORPM STANLEY, SHERMANA SIRES AUDRESS CITY-51-2P TITLE MORPM STANLEY, SHERMANA STRES AUDRESS CITY-51-2P CHARGE CITY FL Deide MILE MORPM STANLEY, SHERMANA STRES AUDRESS CITY-51-2P TITLE MORPM STANLEY, SHERMANA STRES AUDRESS CITY-51-2P TITLE MORPM STRES AUDRESS CITY-51-2P TITLE	6. Name and Address of Current Registered Agent				7. Name an	d Address of New Registe	red Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	WILSON JR. CLIFTON W			Name	name .				
City FL Zip Code In 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. It am familiar with, and accept the obligations of registered agent are size of spicialise. City FL Zip Code		•		Street Address (F		P.O. Box Number is Not Acceptable)			
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B. 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. Common				City			Zin Cod	io	
The obligations of registored agent. Signature, typed or printed name of registered agent and 300 if apprication. (NOTE Registered Agent signature required when reinstating) DATE	9								
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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		ertify that the information supplied w	ith this filing does not qualify for the		l in Section 119.07(3	i)(i), Florida Statutes. I furthe	r certify that the i	nformation	