

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90037 047 ****50.00

DOCUMENT # L02000003147

1. Entity Name

BAYSIDE WEALTH MANAGEMENT, L.L.C.



Principal Place of Business

Mailing Address

5625 DIXIE DRIVE, SUITE 8
PENSACOLA FL 32503

5625 DIXIE DRIVE, SUITE 8
PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

21 East Garden St.

21 East Garden St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 210

SUITE 210

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

Zip

Country

32501

USA

32501

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, EDWARD J
5625 DIXIE DRIVE, SUITE 8
PENSACOLA FL 32503

Name

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

21 East Garden St
SUITE 210

City

Pensacola,

FL

Zip Code

32501

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

Edward J Rose

1/28/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Edward J. Rose
21 E. Garden St., SUITE 210
Pensacola, FL 32501

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Change

☐ Addition

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:

Signature Required

1/28/03 880-437-0210

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

Date

Daytime Phone #

CR2E083 (10/02)