


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000020469 1. Entity Name CARRIERA - BAYWAY LLC |  |
|--|---|

Principal Place of Business
3040 HOMESTEAD OAKS DRIVE
CLEARWATER, FL 33759 US

Mailing Address
3040 HOMESTEAD OAKS DRIVE
CLEARWATER, FL 33759 US



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2372504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRATESI, EMIL G
1253 PARK ST
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARRIERA, FRANCESCO 3040 HOMESTEAD OAKS DR CLEARWATER, FL 33759 |
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04/05/04-80079-006 50.00

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IN THIS SPACE**

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

3/29/04 **(727) 723-3040**
Date Daytime Phone #