

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90025 001 ****50.00

DOCUMENT # L02000029144

1. Entity Name

BAY FRONT FINANCIAL, LLC



Principal Place of Business

**14 GOLF VIEW DRIVE
ENGLEWOOD FL 34223**

Mailing Address

**14 GOLF VIEW DRIVE
ENGLEWOOD FL 34223**

14024524



MOORE

CR2E083 (4/04)

2. Principal Place of Business

*5553 White Iris Dr.
Suite, Apt. #, etc.
North Port FL*

3. Mailing Address

*5553 White Iris Dr.
Suite, Apt. #, etc.
North Port FL*

4. FEI Number

82-0569963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNAGAN, JESSE
14 GOLF VIEW DRIVE
ENGLEWOOD FL 34223**

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 September 8, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
JOHNSON, FRED C
PO BOX 1202
BOCA GRANDE FL 33921**

☒ Delete

TITLE
NAME
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CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
Fred Johnson
5553 White Iris Dr
North Port FL 34287**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/28/04 941 4292940