

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000029967

1. Entity Name
BALI LANE, LLC



Principal Place of Business
**5167 MARINER BLVD
SPRINGHILL, FL 34609**

Mailing Address
**5167 MARINER BLVD
SPRINGHILL, FL 34609**



03102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1030512

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASTORE, JOSEPH
9124 GALLUP CIRCLE
SPRING HILL, FL 34608**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000856738
03/28/08-80025-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PASTORE, JOSEPH
STREET ADDRESS	9124 GALLUP CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	MGR
NAME	HORST, JOHN
STREET ADDRESS	2339 FAYSON LANE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	MGRM
NAME	PASTORE, ROBIN
STREET ADDRESS	9124 GALLUP CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/10/08

Date

**(352)
683-5682**

Daytime Phone #