

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000033336

1. Entity Name

BAY4 FINANCIAL, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 15 AM 8:16

Principal Place of Business

311 N BAYSHORE DR  
SAFETY HARBOR FL 34695  
US

Mailing Address

311 N BAYSHORE DR  
SAFETY HARBOR FL 34695  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

gs



1st MOORE

CR2E083 (10/04)

4. FEI Number

02-0656836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE COUNSEL, LLC  
101 PHILIPPE PARKWAY  
SUITE 301  
SAFETY HARBOR FL 34695

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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP ☐ Delete  
NAME BIDDINGER, CLAY M  
STREET ADDRESS 311 N BAYSHORE DRIVE  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE S ☐ Delete  
NAME SULLIVAN, CHRISTOPHER R  
STREET ADDRESS 101 PHILIPPE PKWY, SUITE 301  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE T ☐ Delete  
NAME GONZALEZ, RAMON III  
STREET ADDRESS 311 N BAYSHORE DRIVE  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 700048983374  
STREET ADDRESS 03/23/05--01012--015 \*\*300.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Clay M Biddinger* MGRP 1/31/05 (727) 216-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #