


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90029 028 ***138.75

DOCUMENT # L03000002008	
1. Entity Name BAY AREA MAINTENANCE, L.L.C.	

60037247



Principal Place of Business 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	Mailing Address 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610
2. Principal Place of Business - No P.O. Box # 12570 Telecom Drive	3. Mailing Address 12570 Telecom Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State Temple Terrace FL	City & State Temple Terrace FL
Zip 33637	Zip 33637
Country US	Country US

4. FEI Number 06-1673753	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
COMER, DERRICK 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE 12570 Telecom Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COMER, DERRICK		NAME Temple Terrace FL 33637	
STREET ADDRESS 8302 LAUREL FAIR CIRCLE, SUITE 100		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33610		CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> Delete	TITLE 12570 Telecom Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMEDLEY, MARK		NAME Temple Terrace FL 33637	
STREET ADDRESS 8302 LAUREL PALM CIR SUITE 100		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33610		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Mark Smedley

4-25-08

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

Date

Daytime Phone #