

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90021 013 ***138.75

DOCUMENT # L03000049373

1. Entity Name
BAHIA-MAR, LLC



Principal Place of Business
**2122 W. COUNTRY CLUB DR.
TAMPA, FL 33612 US**

Mailing Address
**2122 W. COUNTRY CLUB DR.
TAMPA, FL 33612 US**

60038288

2. Principal Place of Business - No P.O. Box #
6654 78th Ave

3. Mailing Address
6654 78th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

4. FEI Number
43-2049092

Applied For
Not Applicable

Zip
33781

Country
USA

Zip
33781

Country
USA

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

6. Name and Address of Current Registered Agent

**SEIDNER, ALFREDO
2122 W. COUNTRY CLUB DR.
TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name **Yepes, Carlos**

Street Address (P.O. Box Number is Not Acceptable)

6654 78th Ave.

City **Pinellas Park** FL Zip Code **33781**

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

Carlos Yepes
Manager

4-30-08

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **CG** ☒ Delete
NAME **SEIDNER, ALFREDO**
STREET ADDRESS **2122 W. COUNTRY CLUB DR.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **CG** ☐ Delete
NAME **YEPES, CARLOS**
STREET ADDRESS **6654 78TH AVE, N**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
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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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Carlos Yepes

4-30-08

727-536-8688

Date

Daytime Phone #