

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 042 ***138.75

DOCUMENT # L03000052124	
1. Entity Name WESTBAY MARKETING LLC	

Principal Place of Business 1920 W. BAY DR SUITE 4 LARGO, FL 33770 US	Mailing Address 1920 W. BAY DR SUITE 4 LARGO, FL 33770
--	---

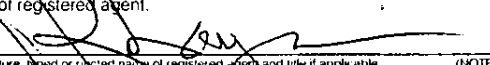
2. Principal Place of Business - No P.O. Box # 2840 WEST BAY DRIVE	3. Mailing Address 2840 West Bay Dr
Suite, Apt. #, etc. #174	Suite, Apt. #, etc. #174
City & State Belleair Bluffs	City & State Belleair Bluffs
Zip 33770	Country Pinellas



04092008	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-0517967	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LAYMAN, JASON R 1920 W. BAY DR SUITE 4 LARGO, FL 33770	7. Name and Address of New Registered Agent Name: Layman, Jason R Street Address (P.O. Box Number is Not Acceptable): 2840 West Bay Dr Suite #174 City: Belleair Bluffs FL Zip Code: 33770
--	--

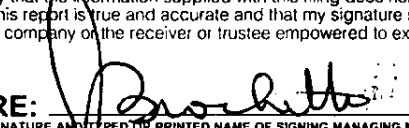
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 04-09-2008

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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM BROCHETTI, GARY J 211 HARBORVIEW LANE LARGO, FL 33770 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LAYMAN, JASON R 2300 SETON LANE LARGO, FL 33774 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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:  DATE: 4/9/08

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