

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021933

FILED  
Jul 24, 2009  
Secretary of State

Entity Name: BAY SHORE CONSULTANTS, LLC

**Current Principal Place of Business:**

8517 SOUTHWIND BAY CIRCLE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

8517 SOUTHWIND BAY CIRCLE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 20-1546172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STANKIEWICZ, LINDA G  
8517 SOUTHWIND BAY CIRCLE  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: STANKIEWICZ, JOHN J DR  
Address: 8517 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN J STANKIEWICZ

PRES

07/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date