

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026751

1. Entity Name
BAYWAY WISCON, LLC



Principal Place of Business

**2226 SR 580
CLEARWATER, FL 33763 US**

Mailing Address

**2226 SR 580
CLEARWATER, FL 33763 US**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0599756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUDOBA, STEPHEN M
101 EAST KENNEDY BOULEVARD STE 3700
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZARITSKY, STEVEN R 3802 S. WEST SHORE BOULEVARD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, MARK E 3802 S. WEST SHORE BOULEVARD TAMPA, FL 33611
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04/21/06-80009-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

Date **4/10/06** (727) 199-2826