

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90041 036 ***143.75

DOCUMENT # L04000040187

1. Entity Name
BAYFRONT HOME HEALTH CARE, LLC



Principal Place of Business
**701 6TH STREET SOUTH
ST. PETERSBURG, FL 33701**

Mailing Address
**701 6TH STREET SOUTH
ST. PETERSBURG, FL 33701**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
03-0465132

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F&L CORP
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE, FL 32202-3510**

Name

Robert W. Thornton

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

701 6th Street South

City

St. Petersburg

FL

Zip Code
33701

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

Robert W. Thornton

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

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **BRODY, SUE G**
STREET ADDRESS **701 6TH ST S**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **THORNTON, ROBERT W**
STREET ADDRESS **701 6TH ST. S.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EIXENBERGER, TIM**
STREET ADDRESS **701 6TH STREET S**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCGARVEY, DEREK**
STREET ADDRESS **2860 SCHERER DR STE 650**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

Robert W. Thornton

727-893-6698

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

Date **03/31/2008** Telephone #