

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048509

1. Entity Name
BATEWOOD, LLC



Principal Place of Business
999 BRICKELL AVE.
SUITE 402
MIAMI, FL 33131

Mailing Address
999 BRICKELL AVE.
SUITE 402
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

FILED
08 Feb 19 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
06-1728769

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATES, THOMAS F MGR
1237 PLACETAS AVENUE
CORAL GABLES, FL 33146

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BATES, THOMAS F
999 BRICKELL AVE., SUITE 402
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BATES, SANDRA K
999 BRICKELL AVE., SUITE 402
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BATES, THOMAS F
999 BRICKELL AVE., SUITE 402
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300118966743
02/28/08--01004--023 **438.75

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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

020708

Date

2056629659

Daytime Phone #