

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054974

FILED
Apr 23, 2008
Secretary of State

Entity Name: BAS VALRICO, LLC

Current Principal Place of Business:

2939 SKYVIEW DRIVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1612 HERITAGE DR.
VALRICO, FL 33594

New Mailing Address:

FEI Number: 32-0128275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABY, MAKIL A P
2939 SKYVIEW DR.
LAKELAND, FL 33801 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: P () Delete
Name: MAKIL, BABY A
Address: 1612 HERITAGE RD.
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: MAKIL, BABY A P
Address: 1612 HERITAGE RD.
City-St-Zip: VALRICO, FL 33594

Title: P () Delete
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Address: 1612 HERITAGE DR.
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Address: 1612 HERITAGE DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

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

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

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

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

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

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: BABY A MAKIL

MGRM

04/23/2008

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