

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054974

Entity Name: BAS VALRICO, LLC

FILED  
May 19, 2010  
Secretary of State

**Current Principal Place of Business:**

2939 SKYVIEW DRIVE  
LAKE LAND, 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 ( )  
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:**

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

BABY, MAKIL A P  
2939 SKYVIEW DR.  
LAKE LAND, FL 33801      US

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  
Name: MAKIL, BABY A  
Address: 1612 HERITAGE RD.  
City-St-Zip: VALRICO, FL 33594

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

Title: P  
Name: MAKIL, BABY A P  
Address: 1612 HERITAGE DR.  
City-St-Zip: VALRICO, FL 33594

Title: P  
Name: MAKIL, BABY A P  
Address: 1612 HERITAGE DR.  
City-St-Zip: VALRICO, FL 33594

Title: P  
Name: MAKIL, BABY A P  
Address: 1612 HERITAGE DR.  
City-St-Zip: VALRICO, FL 33594

Title: P  
Name: MAKIL, BABY A P  
Address: 1612 HERITAGE DR.  
City-St-Zip: VALRICO, FL 33594

I hereby 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

MGR.

05/19/2010

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