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TALLAHASSEE, FLORIDA

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T. CLINE

MAY 12 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAY AREA DEVELOPMENT & CONSTRUCTION, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBBY ROBINSON  
Name of Person

THORNTON & TORRENCE, P.A.  
Firm/Company

6709 RIDGE ROAD, SUITE 106  
Address

PORT RICHEY, FLORIDA 34668  
City/State and Zip Code

DEBBYR@THORNTONTORRENCE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBBY ROBINSON at ( 727 ) 845-6224  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVID P. PARRIS	5441 MANATEE DRIVE NEW PORT RICHEY, FLORIDA, 34652	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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Add  
Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MAY 5, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

FRANK E. SMITH  
\_\_\_\_\_  
Typed or printed name of signee