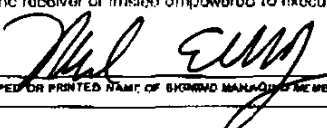


FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90103 044 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016594					
1. Entity Name BAY BROKERS & DISTRIBUTORS, LLC					
Principal Place of Business 2210 W 23RD ST PANAMA CITY, FL 32405			Mailing Address 2210 W 23RD ST PANAMA CITY, FL 32405		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. Filing Number 20-2750339				Applied For Not Applicable	
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		
DYKES, HAROLD E JR 2210 W 23RD ST PANAMA CITY, FL 32405			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL / Zip Code		
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 _____ DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State					
9. MANAGING MEMBER/S/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	DYKES, HAROLD E JR		NAME		
STREET ADDRESS	2210 W 23RD ST		STREET ADDRESS		
CITY-STATE-ZIP	PANAMA CITY, FL 32401		CITY-STATE-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE			TITLE		
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STREET ADDRESS			STREET ADDRESS		
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CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 60B, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					