

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019799

Entity Name: BAYONNE, LLC

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

7820 S HOLIDAY DR STE 220
SARASOTA, FL 34231?

New Principal Place of Business:

14021 BELLAGIO WAY
SUITE 307
OSPREY, FL 34229

Current Mailing Address:

7820 S HOLIDAY DR
STE 220
SARASOTA, FL 34231

New Mailing Address:

14021 BELLAGIO WAY
STE 307
OSPREY, FL 34229

FEI Number: 20-2691554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERLIN LAW FIRM, P.A.
1605 MAIN STREET, SUITE 910
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

BERLIN LAW FIRM, P.A.
1819 MAIN STREET, SUITE 302
SARASOTA, FL 34236 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:

02/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEFEVRE, THOMAS L
Address: 7820 S HOLIDAY DR SUITE 220
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: NADOLSKI, LEONARD P
Address: 5000 E. GRAND RIVER
City-St-Zip: HOWELL, MI 48843

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEFEVRE, THOMAS L
Address: 14021 BELLAGIO WAY
City-St-Zip: OSPREY, FL 34229

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: THOMAS LEFEVRE

MGRM

02/19/2009

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