

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000051518

1. Entity Name
BAY MAGNOLIA 115, LLC



Principal Place of Business
**12273 HIGHWAY 98 W
MIRAMAR BEACH, FL 32550**

Mailing Address
**P.O. BOX 6697
MIRAMAR BEACH, FL 32550**



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2485283

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIXON, STEPHEN
12273 HIGHWAY 98 W
MIRAMAR BEACH, FL 32550**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DIXON, STEPHEN
STREET ADDRESS	PO BOX 6697
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	MGRM
NAME	KAZEK, JON L
STREET ADDRESS	PO BOX 6697
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	MGRM
NAME	DIXON, CARLA
STREET ADDRESS	PO BOX 6697
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	MGRM
NAME	HURRE-KAZEK, ANNE L
STREET ADDRESS	PO BOX 6697
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000767660
07/10/07-80013-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-6-07

Date

850 650 7539

Daytime Phone #