


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000065838	
1. Entity Name BAYO ORENUGA GROUP OF COMPANIES LIMITED COMPANY	

Principal Place of Business 4900 MANATEE AVENUE WEST, SUITE 101 BRADENTON FL 34209	Mailing Address P O BOX 11455 TAMPA FL 33680
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2. Principal Place of Business - No P.O. Box # 4900 MANATEE AVE. WEST	3. Mailing Address P.O. Box 11455
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. Tampa, FL 33680
City & State BRADENTON FL 34209	City & State Tampa, FL 33680
Zip 33680	Country Hillsborough

1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORENUGA, ADEBAYO 4900 MANATEE AVENUE WEST, SUITE 101 BRADENTON FL 34209	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEOP/Chairman ORENUGA, ADEBAYO 6007 N 32ND ST TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000702609 04/20/07-80105-017 50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Adebayo Orenuga* **(813) 486-2399**
April 8, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #