


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90237 018 ***138.75

DOCUMENT # L05000093963	
1. Entity Name BAVARIA SERVICES, LLC	

Principal Place of Business 264 INTREPID WAY INDIALANTIC, FL 32903 US	Mailing Address 264 INTREPID WAY INDIALANTIC, FL 32903 US
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00014133



2. Principal Place of Business - No P.O. Box # 2308 MAEVE Circle	3. Mailing Address 2308 MAEVE Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

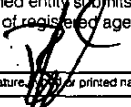
03062008 Chg-LLC CR2E083 (12/06)

City & State W. Melbourne FL	City & State W. Melbourne FL
Zip 32904	Country US
Zip 32904	Country

4. FEI Number 20-3954633	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FARID, BASIM D 240 N WICKHAMM RD. 102 MELBOURNE, FL 32935	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2308 MAEVE Circle City W. Melbourne FL Zip Code 32904	

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 3/7/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIP, HEIKE S 264 INTREPID WAY INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2308 MAEVE Circle W. Melbourne FL 32904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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: 	Date 03/07/08	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		