

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000105245

1. Entity Name
E 72 BAY OAKS, LLC



Principal Place of Business
P.O. BOX 3138
SARASOTA, FL 34230

Mailing Address
P.O. BOX 3138
SARASOTA, FL 34230



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3761092

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESJARLAIS, MARY LYNN
C/O MARY LYNN DESJARLAIS, P.A.
2750 STICKNEY POINT ROAD, SUITE 201
SARASOTA, FL 34230

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000898555
04/28/08-80001-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SZWARC, MARZENNA P.O. BOX 3138 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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

04-11-08

Date

773 2821220

Daytime Phone #