

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000105245

1. Entity Name
E 72 BAY OAKS, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 18 PM 3: 33

Principal Place of Business
6157 MIDNIGHT PASS ROAD
E-72
SARASOTA, FL 34242

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292011 Chg-LLC CR2E083 (11/08)

City & State

City & State

4. FEI Number
20-3761092

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2011 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500207874175
05/19/11--01003--007 **138.75

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☐ Change ☐ 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:

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

5-6-11

Date

773 458 8113

Daytime Phone #