

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000108288

1. Entity Name
BAY AREA ASSETS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 3:59

Principal Place of Business
572 WOODLAND DRIVE
LARGO, FL 33771

Mailing Address
572 WOODLAND DRIVE
LARGO, FL 33771

2. Principal Place of Business - No P.O. Box #
4767 New Broad Street

3. Mailing Address
4767 New Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32814

Country
Orange

Zip
32814

Country
Orange

03192008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-4357639

Applied For
Not Applicable

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

FISKE, KEVIN G
572 WOODLAND DRIVE
LARGO, FL 33771

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)

4/10/08

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FISKE, KEVIN G
572 WOODLAND DRIVE
LARGO, FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600123279656
04/14/08--01050--009 **277.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WHIRLOW, BRIAN J
40 DURHAM CT.
PALM HARBOR, FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT
WOP 07-08 ☐ 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

Date

Daytime Phone #