

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000009281**

1. Entity Name  
**BAY AFFILIATES, L.L.C.**



Principal Place of Business  
**2898 66TH STREET NORTH  
SUITE 4  
ST. PETERSBURG, FL 33710**

Mailing Address  
**P.O. BOX 41632  
ST. PETERSBURG, FL 33743**



03252008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5291257**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ARNOLD, ERICA  
2898 66TH STREET NORTH  
SUITE 4  
ST. PETERSBURG, FL 33710**

**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**

UG00000888794  
04/22/08-80028-008 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>ARNOLD, ERICA</b>
STREET ADDRESS	<b>2898 66TH STREET NORTH, STE. 4</b>
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33710</b>

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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 \_\_\_\_\_

*Erica Arnold*, managing member