## 2008 LIMITED LIABILITY COMPANY

NAME

TITLE

MALE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## Jan 22, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000019080** 01-22-2008 90124 017 \*\*\*143.75 **BAYMOSS MANAGEMENT SERVICES, LLC** Principal Place of Business Mailing Address 9307 - 125TH AVENUE NORTH 9307 - 125TH AVENUE NORTH LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. " Suite, Apt. #, etc. 01172008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number APPLIES FOR 204380448 Not Applicable Zip 🗧 Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOSS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 9307 - 125TH AVENUE NORTH LARGO, FL 33773 City 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 DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE Delete TITLE NAME MOSS, RICHARD G NAME STREET ADDRESS 9307 - 125TH AVENUE NORTH STREET ADDRESS LARGO, FL 33773 CITY-ST-70P CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE Delete TILE ☐ Change ☐ Addition

FILED

Addition

☐ Change

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.

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Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP