

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021281

Entity Name: BAC ONE, LLC

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

3315 WEST DE LEON STREET
16
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

328 W BEARSS AVE
TAMPA, FL 33613

New Mailing Address:

6987 E FOWLER AVE
TAMPA, FL 33617

FEI Number: 20-4389570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEHLE, GERARD F
328 WEST BEARSS AVENUE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

WEHLE, GERARD F
6987 E FOWLER AVE
TAMPA, FL 33617 US

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.

SIGNATURE: GERARD F WEHLE JR

04/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CENTENO, BARBARA A
Address: 3315 WEST DE LEON STREET, # 16
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Delete
Name: CENTENO, RENE A
Address: 10210 SW 6TH STREET
City-St-Zip: MIAMI, FL 33174

Title: MGRM (X) Delete
Name: CENTENO, MARIA T
Address: 10210 SW 6TH STREET
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA A CENTENO

MGRM

04/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date