

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 A.M.
Secretary of State

DOCUMENT # L06000025516

1. Entity Name
BAYSHORE PLANTATION, LLC



Principal Place of Business
40 SOUTH PALAFOX PL
SUITE 500
PENSACOLA, FL 32502

Mailing Address
P.O. BOX 940
GULF BREEZE, FL 32562

DO NOT WRITE IN THIS SPACE



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4496507

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIBERIS, CHARLES S
40 SOUTH PALAFOX PL
SUITE 500
PENSACOLA, FL 32502

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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

300123006763
04/11/08--01002--017 **163.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LIBERIS, CHARLES
40 S. PALAFOX PLACE
PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRANNEN, DAVID
40 SOUTH PALAFOX PLACE
PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 _____

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

3/28/08 850-434-7700

Date

Daytime Phone #