

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90114 014 ****50.00

DOCUMENT # L06000047981

1. Entity Name

THE BAYFRONT COTTAGE, LLC



Principal Place of Business

1407 BETA COURT NORTH
LAKE CLARKE SHORES FL 33406

Mailing Address

1407 BETA COURT NORTH
LAKE CLARKE SHORES FL 33406

2. Principal Place of Business - No P.O. Box #

4244 PINE ISLAND ROAD

3. Mailing Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)



City & State

MAHAMA FL

City & State

4. FEI Number

20-4835723

Applied For

Not Applicable

Zip

33493

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WIBLE, THERESA
1407 BETA COURT NORTH
LAKE CLARKE SHORES FL 33406

7. Name and Address of New Registered Agent

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)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WIBLE, THERESA
1407 BETA COURT NORTH
LAKE CLARKE SHORES FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

Theresa Marie Wible Theresa Marie Wible 1/29/07 561-371-1429