## **2008 LIMITED LIABILITY COMPANY**

## FILED ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 Feb 14, 2008 8:00 am DOCUMENT # L06000049948 **Secretary of State** 1. Entity Name 02-14-2008 90071 025 \*\*\*138.75 BAY REALTY & MORTGAGE, LLC Principal Prace of Business Mailing Address 7101 S. TAMIAMI TRAIL 7101 S. TAMIAMI TRAIL SUITE C SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # Mailing Address 1705 SOUTHPOLLITE DRIVE 1705 SOUTHPOLDTE DRIVE Suite, Apt, #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For FLORIBA 20-5541573 SARASOTA 5 AR ASOT CORION Not Applicable \$5.00 Additional 5. Certificate of Status Desired *134231* USA USA 34231 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLIP 5. TARGEE TARGEE, PHILLIP S 7101 S. TAMIAMI TRAIL SOUTH POWTE SUITE C SARASOTA FL 34231 SARASOTA, T Zip Code **3** <u>42 31</u> 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, 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 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MĠRM MGRM Change ☐ Delete TiTiF Addition TARGEE, PHILLIP S. NAME TARGEE, PHILLIP'S NAME 1705 SOUTHPOLNTE PRIOE STREET ADDRESS STREET ADDRESS 7101 S. TAMIAMI/TRAIL, SUITE C SARASOTA FL 34231 CITY-51-7:P TARASOTA, FL. 3 42 31 TITLE **MGRM** ☐ Delete TiTLE Change Addition TARGEE, LINDA J MAME ARGEE, LIWON T STREET ADDRESS 7101 S. TAMIAMI TRAIL, SUITE C STREET ADDRESS 1705 SOUTHPOLUTE DRUE CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP JARAGOTA, FL. 34231 THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EITE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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 path; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered by execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Addition

☐ Change

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP