2012 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILES DOCUMENT # L06000115902 2012 JUN -6 PM 1: 30 BAYSIDE CONSTRUCTION, LLC SECRETARY OF STATE Principal Place of Business Mailing Address 2828 CRAYTON ROAD P.O. BOX 11448 NAPLES, FL 34103 NAPLES, FL 34101 2. Principal Place of Business - No P.O. Box# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 05072012 Chg-LLC CR2E083 (12/11) 4. FEI Number Applied For City & State City & State 20-5991943 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 FINE, DOMINIQUE Street Address (P.O. Box Number is Not Acceptable) 2828 CRAYTON ROAD NAPLES, FL 34103 Zip Code FI 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, DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$538.75 Fiorida Department of State Due by September 28, 2012 ADDITIONS/CHANGES MANAGING MEMBERS/ MANAGERS 9. 10 Addition [Change TITLE MGR Delete TITLE FINE, DOMINIQUE NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1448 CITY- ST- ZIP NAPLES, FL 34101 CITY- ST- ZIP 30023598883 Maddition TITLE MGRM ☐ Delete TITLE FINE. ROGER H NAME NAME 06/06/12--01024--008 **138.75 STREET ADDRESS 2828 CRAYTON ROAD STREET ADDRESS CITY- ST- ZIP NAPLES, FL 34103 CITY - ST- ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE **jun - 6 2012/** NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. ZIP CITY- ST- ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP 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 tue 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. DOHINIQUE FINE BAYSIDE-CONSTRUCTION. COA 5/20/12 SIGNATURE: SIGNATURE AND TYPED OR PROTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE