

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000119342

1. Entity Name
CHARLESTON BAY, LLC



Principal Place of Business
401 SOUTH ALBANY AVE.
TAMPA, FL 33606

Mailing Address
401 SOUTH ALBANY AVE.
TAMPA, FL 33606

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8207747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINER, NELSON
401 SOUTH ALBANY AVE.
TAMPA, FL 33606

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
STEINER, NELSON C
401 S ALBANY AVE
TAMPA, FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1001294487011
05/14/08--01024--008 **200.00 ☐ Change ☐ Addition

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Nelson C. Steiner

4/16/08

Date

813-350-9399

Daytime Phone #

nc.4/28

FILED
08 APR 25 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

