

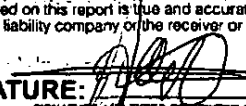
#L07000018657

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

8/1

FILED
Sep 08, 2008 8:00 am
Secretary of State

08-13-2008 90028 009 ***138.75

DOCUMENT # L07000018657					
1. Entity Name THE BAYOU COMPANIES, L.L.C.					
Principal Place of Business 782 CHESAPEAKE DRIVE TARPON SPRINGS, FL 34689			Mailing Address 782 CHESAPEAKE DRIVE TARPON SPRINGS, FL 34689		
2. Principal Place of Business - No P.O. Box 782 Chesapeake Dr			3. Mailing Address 782 Chesapeake Dr		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tarpon Springs FL			City & State Tarpon Springs FL		
Zip 34689		Country USA		4. FEI Number 59-208567798	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALISSANDRATOS, ALEXANDER 782 CHESAPEAKE DRIVE TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Alex Alissandratos 782 Chesapeake Dr Tarpon Springs FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	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: 			8/3/08 727 942-2968		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30011192



08122008 Chg-LLC CR2E083 (12/06)