#L07000018657

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-13-2008 90028 009 ***138.75

30011192

08122008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000018657

1. Entity Name
THE BAYOU COMPANIES, L.L.C.

Principal Place of Business	Mailing Address
782 CHESAPEAKE DRIVE TARPON SPRINGS, FL 34689	782 CHESAPEAKE DRIVE TARPON SPRINGS, FL 34689

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
782 Chesapeake Dr	782 Chesapeake Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs Fl	City & State: Tarpon Springs Fl
Zip: 34689 Country: USA	Zip: 34689 Country: USA

4. FEI Number: 39-2085677798 ☐ Applied For ☐ Not Applicable

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

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

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Aleck 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: [signature] 8/31/08 727 942.2968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #