

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 004 ***138.75

DOCUMENT # L07000021790

1. Entity Name
BAYRES DEVELOPMENTS, L.L.C.



Principal Place of Business
**17820 S.W. 4 COURT
PEMBROKE PINES, FL 33029**

Mailing Address
**17820 S.W. 4 COURT
PEMBROKE PINES, FL 33029**

2. Principal Place of Business - No P.O. Box #
15813 NW 16 CT

3. Mailing Address
15813 NW 16 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00010010



03112008 Chg-LLC CR2E083 (12/06)

City & State
Pembroke Pines, FL 33028

City & State
Pembroke Pines, FL

4. FEI Number
20-8528149

Applied For
Not Applicable

Zip
33028

Country
USA

Zip
33028

Country
USA

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

6. Name and Address of Current Registered Agent

**GATTI, SEBASTIAN
17820 S.W. 4 COURT
PEMBROKE PINES, FL 33029**

7. Name and Address of New Registered Agent

Name
SEBASTIAN GATTI

Street Address (P.O. Box Number is Not Acceptable)
15813 NW 16 CT

City **Pembroke Pines** **FL** Zip Code **33028**

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
GATTI, SEBASTIAN
17820 S.W. 4 COURT
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERTONE, VANESA N
17820 S.W. 4 COURT
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SEBASTIAN GATTI
15813 NW 16 CT
Pembroke Pines, FL 33029** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VANESA P BERTONE
15813 NW 16 CT
Pembroke Pines, FL 33028** ☒ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #