

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054336

FILED
Apr 20, 2009
Secretary of State

Entity Name: BAST SUPPLIES, LLC

Current Principal Place of Business:

8506 SUNSTATE STREET
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

8506 SUNSTATE STREET
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MELISSA A MGR
8506 SUNSTATE STREET
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, MELISSA A
Address: 8506 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

Title: MGR () Delete
Name: JOHNSON, MATT T
Address: 8506 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

Title: MGR () Delete
Name: NEWCOM, GARY L
Address: 8506 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

Title: MGR () Delete
Name: NEWCOM, SONDRAL
Address: 8506 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

Title: MGR () Delete
Name: NEWCOM, CHRISTOPHER T
Address: 8506 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELISSA A. JOHNSON

MGR

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date