

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000076098

FILED
Jan 05, 2009
Secretary of State

Entity Name: BAY VIEW 1105, LLC

Current Principal Place of Business:

735 WHISPER WOODS DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

735 WHISPER WOODS DRIVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33578 US

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: JEFFREY M. LASMAN

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLIVERA, FELIPE L
Address: 735 WHISPER WOODS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: OLIVERA, MAGDALINE M
Address: 735 WHISPER WOODS DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
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: JEFFREY M. LASMAN

RA

01/05/2009

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