

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092189

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** RUBEN & STEVE BAZARTE BAIL BONDS OF SARASOTA, LLC

**Current Principal Place of Business:**

2075 MAIN ST. SUITE #7  
SARASOTA, FL 34237

**New Principal Place of Business:**

2075 MAIN ST. SUITE #2  
SARASOTA, FL 34237

**Current Mailing Address:**

P.O. BOX 173334  
TAMPA, FL 33672

**New Mailing Address:**

5404 HOOVER BLVD SUITE 17  
TAMPA, FL 33634

**FEI Number:** 26-1108900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

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: MGRM ( ) Delete  
Name: BAZARTE, STEPHEN M  
Address: 275 BAYSHORE BLVD., #608  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: BAZARTE JR, RUBEN C  
Address: 5404 HOOVER BLVD SUITE 17  
City-St-Zip: TAMPA, FL 33634

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:** RUBEN C. BAZARTE JR.

VP

04/14/2009

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