

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120261

Entity Name: BARISSENTIALS, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

345 BAYSHORE BLVD
PH P01
TAMPA, FL 33606

New Principal Place of Business:

921 HARBOUR BAY DRIVE
TAMPA, FL 33602

Current Mailing Address:

345 BAYSHORE BLVD
PH P01
TAMPA, FL 33606

New Mailing Address:

921 HARBOUR BAY DRIVE
TAMPA, FL 33602

FEI Number: 77-0706510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICICCO, RICHARD MD
345 BAYSHORE BLVD
PH P01
TAMPA, FL, FL 33606 US

Name and Address of New Registered Agent:

DICICCO, RICHARD MD
6017 BEACON SHORES ST
TAMPA, FL, FL 33616 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: RICHARD DICICCO

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DICICCO, RICHARD MD
Address: 345 BAYSHORE BLVD, PH P01
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: MACKECHNIE, IAN A
Address: 921 HARBOUR BAY DRIVE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DICICCO, RICHARD MD
Address: 6017 BEACON SHORES ST
City-St-Zip: TAMPA, FL 33616

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: RICHARD DICICCO

MGR

04/29/2008

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