

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006845

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** BAYFRONT SOLUTIONS LLC

**Current Principal Place of Business:**

1111 S MOODY AVE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

1111 S MOODY AVE  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 26-2045974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENE, MICHAEL D  
1111 S MOODY AVE  
TAMPA, FL, FL 33629 US

**Name and Address of New Registered Agent:**

GREENE, MICHAEL D  
1111 S MOODY AVE  
TAMPA, FL 33629 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:** MICHAEL GREENE

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GREENE, MICHAEL D  
**Address:** 1111 S MOODY AVE  
**City-St-Zip:** TAMPA, FL 33629

**ADDITIONS/CHANGES:**

**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:** MICHAEL GREENE

MR.

04/15/2009

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