

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000119333

FILED
Feb 23, 2012
Secretary of State

Entity Name: BAY AREA SPECIALIZED INVESTIGATIVE CONSULTING SERVICES (B.A.S.I.C.S.) LLC

Current Principal Place of Business:

25749 US 19 NORTH
SUITE 202
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

25749 US 19 NORTH
SUITE 202
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 27-1536027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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
Name: BURKE, FRANK O
Address: 25749 US 19 NORTH SUITE 202
City-St-Zip: CLEARWATER, FL 33763

Title: PRES
Name: BURKE, FRANK O
Address: 25749 US 19 NORTH SUITE 202
City-St-Zip: CLEARWATER, FL 33763

Title: VP
Name: BURKE, LAURA E
Address: 25749 US 19 NORTH SUITE 202
City-St-Zip: CLEARWATER, FL 33763

Title: T
Name: BURKE, LAURA E
Address: 25749 US 19 NORTH SUITE 202
City-St-Zip: CLEARWATER, FL 33763

Title: S
Name: BURKE, FRANK O
Address: 25749 US 19 NORTH SUITE 202
City-St-Zip: CLEARWATER, FL 33763

I hereby 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: FRANK O. BURKE

PRES

02/23/2012

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