

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109229

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** BAY AREA MOBILE HOME SOLUTIONS LLC

**Current Principal Place of Business:**

15005 TRAIL CREEK PL  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

15005 TRAIL CREEK PL  
TAMPA, FL 33625 US

**New Mailing Address:**

**FEI Number:** 27-3896459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELIBERO, ANDREA OWNER  
15005 TRAIL CREEK PL  
TAMPA, FL 33625 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:** ELIBERO, ANDREA  
**Address:** 15005 TRAIL CREEK PL  
**City-St-Zip:** TAMPA, FL 33625 US

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:** ANDREA ELIBERO

MGR

02/21/2011

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