L11000048626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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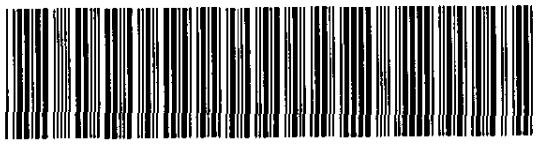

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L11000048626

BAY AREA INSURANCE GROUP LLC

11125 PARK BLVD
SUITE 111A
SEMINOLE FL 33772

Date: 6-17-11

To: AMENDMENT DEPT

Fax # 850-245-6897

From: SCOTT P. ZACCARIA

Re: PLEASE ADD FEIN # TO LLC. THE NUMBER IS 32-0338842 FOR BAY AREA INSURANCE GROUP, LLC.

Thank you
Sandy Tatro
Tel 727-803-6920
Fax 727-398-7201
E-Mail Bayareains@gmail.com