

# ANNUAL REPORT (AR)

DOCUMENT # L99000006465

1. Entity Name

B.A.S., L.L.C.



Principal Place of Business  
12905 LAKEVIEW POINT COURT  
WINDERMERE FL 34786

Mailing Address  
12905 LAKEVIEW POINT COURT  
WINDERMERE FL 34786

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN S  
1245 COURT STREET, STE 102  
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | MGRM                    | <input type="checkbox"/> Delete |
| NAME           | SMITH, BONNIE A         |                                 |
| STREET ADDRESS | 12905 LAKEVIEW POINT CT |                                 |
| CITY- ST- ZIP  | WINDERMERE FL 34786     |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |

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03/15/06-80010-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Bonnie A. Smith, MGRM* BONNIE A. SMITH 3/1/06 407-876 606