


FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001118

1. Entity Name
BAYSWATER GLEN EAGLE, LLC



Principal Place of Business	Mailing Address
C/O BAYSWATER DEVELOPMENT LLC 100 S BEDFORD RD MT KISCO, NY 10549	C/O BAYSWATER DEVELOPMENT LLC 100 S BEDFORD RD MT KISCO, NY 10549

DO NOT WRITE IN THIS SPACE



03312005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4024794	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000299877
04/11/05-80124-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SALDARELLI, JOHN 100 S BEDFORD RD. MT KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURKE, WILLIAM 100 S BEDFORD RD MT KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____