

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000017545

FILED  
Mar 26, 2011  
Secretary of State

**Entity Name:** BAG OF TRICKS PARENTING, LLC

**Current Principal Place of Business:**

4937 NW 55TH BLVD  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4937 NW 55TH BLVD  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 27-1940410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALT, BRIAN  
4937 NW 55TH BLVD  
COCONUT CREEK, FL 33073 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: MGRM  
Name: WALT, BRIAN  
Address: 4937 NW 55TH BLVD  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM  
Name: WALT, MEREDITH  
Address: 4937 NW 55TH BLVD  
City-St-Zip: COCONUT CREEK, FL 33073

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: BRIAN WALT

MGRM

03/26/2011

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