

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000115141

Entity Name: THE DIAPER BAG COMPANY, LLC

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

6552 GREEN ACRES BOULEVARD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

3152 LITTLE ROAD
SUITE 106
NEW PORT RICHEY, FL 34655

Current Mailing Address:

6552 GREEN ACRES BOULEVARD
NEW PORT RICHEY, FL 34655

New Mailing Address:

3152 LITTLE ROAD
SUITE 106
NEW PORT RICHEY, FL 34655

FEI Number: 26-1408432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAW, SHERI F
6552 GREEN ACRES BOULEVARD
NEW PORT RICHEY, FL 34655 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: SHERI F. SHAW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAW, SHERI F
Address: 6552 GREEN ACRES BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM () Delete
Name: PELOSI, TRACY L
Address: 6618 GREEN ACRES BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHERI F. SHAW

MGRM

10/27/2008

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