

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017545

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

**Current Principal Place of Business:**

4937 NW 55TH BLVD  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4937 NW 55TH BLVD  
COCONUT CREEK, FL 33073

**FEI Number: 27-1940410**

**Certificate of Status Desired: No**

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

WALT, BRIAN  
4937 NW 55TH BLVD  
COCONUT CREEK, FL 33073 US

*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

**Authorized Person(s) Detail :**

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

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN WALT**

**MGRM**

**02/12/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date