

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000125482

Entity Name: OPTIMAL BAGGING, LLC

Current Principal Place of Business:

1561 SAN LUIS ROAD
TALLAHASSEE, FL 32304

Current Mailing Address:

PO BOX 20161
TALLAHASSEE, FL 32316 US

FEI Number: 46-3602619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT S ESQ.
545 EAST TENNESSEE STREET
100-A
TALLAHASSEE, FL 32308 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	MGR
Name	BRESLEND, PATRICK
Address	1561 SAN LUIS ROAD
City-State-Zip:	TALLAHASSEE FL 32304

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK BRESLEND

MGR

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date