

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190732

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

**Current Principal Place of Business:**

11395 SW 66 STREET  
MIAMI, FL 33173

**Current Mailing Address:**

11395 SW 66 STREET  
MIAMI, FL 33173

**FEI Number:** 47-2459980

**Certificate of Status Desired:** No

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

VILORIA, EDITH  
11395 SW 66 STREET  
MIAMI, FL 33173 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	AMBR	Title	AMBR
Name	VILORIA, EDITH	Name	VILORIA, PEDRO
Address	11395 SW 66 STREET	Address	11395 SW 66 STREET
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

*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:** EDITH A. VILORIA

**DIRECTOR PRESIDENT**

**04/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date