

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000069279

**Entity Name:** CHECKED BAG LLC

**Current Principal Place of Business:**

6630 SANTONA ST  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6630 SANTONA ST  
CORAL GABLES, FL 33146 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WINDOW SEAT LLC  
6630 SANTONA STREET  
CORAL GABLES, FL 33146 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 WINDOW SEAT LLC  
Address 6630 SANTONA ST  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name HAMEL, JONATHAN  
Address 6630 SANTONA ST  
City-State-Zip: MIAMI FL 33146

Title MGR  
Name HAMEL, LAURA  
Address 6630 SANTONA STREET  
City-State-Zip: CORAL GABLES FL 33146

*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:** JONATHAN HAMEL

**DIRECTOR**

**03/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date