2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000007627

1. Entity Name
BAG BEYOND, L.L.C.

Principal Place of Business	Mailing Address
8144 W 26 AVE HIALEAH, FL 33016	8144 W 26 AVE HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

05052006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1111055

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SWISSA, AENRI
8144 WEST 26 AVE
HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: AENRI SWISSA 5/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 5, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SWISSA, AENRI
STREET ADDRESS	8144 WEST 26 AVE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	MGR
NAME	SWISSA, PATRICIA M
STREET ADDRESS	8144 WEST 26 AVE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000564484
05/20/06-80063-016 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: AENRI SWISSA 5/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #