

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90097 031 ****50.00

DOCUMENT # L01000007627

1. Entity Name

BAG BEYOND, L.L.C.



Principal Place of Business

**8144 W 26 AVE
HIALEAH FL 33016**

Mailing Address

**8144 W 26 AVE
HIALEAH FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**SWISSA, AENRI
8144 WEST 26 AVE
HIALEAH FL 33016**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/24/2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** ☒ Delete
NAME **SLAVIN, MARK**
STREET ADDRESS **1031 N MIAMI BEACH BLVD**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **D** ☒ Change ☐ Addition
NAME **AENRI SWISSA**
STREET ADDRESS **8144 WEST 26 AVE**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **MGR** ☒ Delete
NAME **KADOSH, ZION**
STREET ADDRESS **135 N STATE RD**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **MGR** ☒ Change ☐ Addition
NAME **PATRICIA M SWISSAA**
STREET ADDRESS **8144 WEST 26 AVE**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] **SIGNATURE REQUIRED**

AENRI SWISSA

305-827-3242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/2003

CR2E083 (10/02)