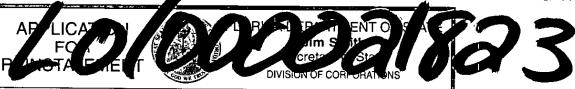
PLEASE BEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT #

L01000021823

Name and Mailing Address

2. New Mailing Address

Typed or printed name of signing Managing Member/Manager

City, State, Zip

FILED

02 OCT 30 PM 2: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0009598 01 FP 0,352 **PRSRT H3 0 0615 32541-379060 Inflantabiliata farita filata di farita di angla THE DOGGY BAG, LLC 4660 DESTINY WAY DESTIN FL 32541-3790



4. State/Country of Formation

City, State,	- Zip			- 5. Date Orga To Do Bus	nized or Qualified	12/13/2001
4660 DESTINY WAY DESTIN FL 32541 City,		3. New Principal Place of Business Address 34904 Eneral Coast Purhaming 176		01-0015011		Applied For Not Applicable
		City, State, Zip Deshi FC 32541		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8: Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
466	EVENS, JAMES H JR 50 DESTINY WAY STIN FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) 10/29/0201025006 **155.00 City FL Zip Code			
Signature o Registered	Agent fine of Mini for REI	GISTERED AGENT MUST SIGN	am familiar with and	d accept the obl	igations of Chapter 608, F.S Date _{0-22-02}	
11. Names	s and Street Addresses of Each Managing	Member/Manager				
Title(s)	8.8. 3 18.4		eet Address of Each ging Member/Manager		City / State / Zip	
Menter	William L Ketchers	: J 4660 D-s	,	_	Deshin FL 32541	
member	ber Jodi L Metchesil 4660 Dr		ship way		Destin FC 32541	
nenber	3 mrs H Stewns, 3	7. 4660 Des	tryway	· .	Deshi FC 3	2541
			RE	NSTA	TEWENT	2002
				_	FAL	•
all fees	that I am managing member/manager or is reinstatement application the reason for c owed by the limited liability company have ade under oath.					
Signature of Managing M	lember/Manager With.	4 What	Date 10/2	2/02 D	avtime Phone # (Sv ~ K	37-9833