

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 15 AM 8:15

DOCUMENT # W04000025197

1. Entity Name

THIS IS MY BAG, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10334 NW 155TH ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SUNRISE, FL

City & State

4. FEI Number  
54-2148565

Applied For  
Not Applicable

Zip  
33351

Country  
US

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

DONNA KALMAN

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

10334 NW 155TH ST.

City

SUNRISE

FL

Zip Code

33351

**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

*Donna Kalman*

DONNA KALMAN

11/1/2005

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
DONNA KALMAN  
10334 NW 155TH ST.  
SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300061451113  
11/15/05-01078-006 \*\*\$50.00

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**REINSTATEMENT 2005**

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:

*Donna Kalman*

DONNA KALMAN

11/1/2005

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

Date

Daytime Phone #