

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 045 ****50.00

DOCUMENT # L04000046719

1. Entity Name
**BAGGAGE AIRLINE GUEST SERVICES OF
MASSACHUSETTS, LLC**



Principal Place of Business
**621 E. WASHINGTON ST. STE.8
ORLANDO, FL 32801**

Mailing Address
**621 E. WASHINGTON ST. STE.8
ORLANDO, FL 32801**

60055304



2. Principal Place of Business - No P.O. Box #
6751 Forum DR

3. Mailing Address
6751 Forum DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 230

Suite 230

City & State
Orlando FL

City & State
Orlando FL

07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1283473

Applied For
Not Applicable

Zip
32821

Country
orange

Zip
32821

Country
orange

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

**F&L CORP.
ONE INDEPENDENCE DRIVE STE. 1300
JACKSONVILLE, FL 32202-5017**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MATEER, CRAIG C
621 E. WASHINGTON ST. STE.8
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Mateer, Craig C
6751 Forum Drive Suite 230
Orlando, FL 32821** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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

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:

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

8-21-07 407-841-0670

Date Daytime Phone #