

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90305 034 *****50.00

DOCUMENT # L04000052330

1. Entity Name

BABY BARGINS LLC



Principal Place of Business

Mailing Address

3111 MAHAN DR
SUITE 7
TALLAHASSEE FL 32308

3111 MAHAN DR
SUITE 7
TALLAHASSEE FL 32308



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7

#7

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

Zip

Country

32308

32308

4. FEI Number

50-0013834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLINGTON, DOROTHY D
3111 MAHAN DR
SUITE 7
TALLAHASSEE FL 32308

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

No change

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MILLINGTON, DOROTHY V
3111 MAHAN DR #7
TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dorothy V. Millington

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

4/24/07

Date

656-1387

Daytime Phone #