

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063864

**FILED**  
**Apr 22, 2007**  
**Secretary of State**

**Entity Name:** BAGGAGE CHECK LOGISTICS OF CENTRAL FLORIDA, L.L.C.

**Current Principal Place of Business:**

818 S. PRIMROSE DRIVE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

818 S. PRIMROSE DRIVE  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 20-1559081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

CHAIRVOLOTTI, EDWARD F  
818 SOUTH PRIMROSE DRIVE  
ORLANDO, FL 32803 US

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.

**SIGNATURE:** EDWARD F. CHAIRVOLOTTI

04/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CHAIRVOLOTTI, EDWARD  
**Address:** 818 S. PRIMROSE DRIVE  
**City-St-Zip:** ORLANDO, FL 32803 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** EDWARD F. CHAIRVOLOTTI

MGR

04/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date