

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000092178**

1. Entity Name  
**BAGATELLE, L.L.C.**



Principal Place of Business

**3825 SOUTH FLORIDA AVE., SUITE 5  
LAKELAND, FL 33813**

Mailing Address

**3825 SOUTH FLORIDA AVE., SUITE 5  
LAKELAND, FL 33813**



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2041302**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAHONEY, MARIA  
3825 SOUTH FLORIDA AVE., SUITE 5  
LAKELAND, FL 33813**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MAHONEY, MARIA  
3825 SOUTH FLORIDA AVE., SUITE 5  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MAHONEY, MICHAEL J  
3825 SOUTH FLORIDA AVE., SUITE 5  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000785561  
01/17/08-80005-017 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/2008 863-619-6740