

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019256

FILED
Sep 05, 2006
Secretary of State

Entity Name: REUNITED BAGGAGE SERVICES LLC

Current Principal Place of Business:

426 SUMMER PLACE LOOP
CLERMONT, FL 34717

New Principal Place of Business:

9450 MEADOW CREST LANE
CLERMONT, FL 34711

Current Mailing Address:

PO BOX 135641
CLERMONT, FL 34713

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, KAREN
426 SUMMER PLACE LOOP
CLERMONT, FL 34717 US

Name and Address of New Registered Agent:

ALLEN, KAREN
9450 MEADOW CREST LANE
CLERMONT, FL 34711 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:

09/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLEN, RAYMOND
Address: 426 SUMMER PLACE LOOP
City-St-Zip: CLERMONT, FL 34717

Title: MGRM () Delete
Name: BRAITHWAITE, RICHARD
Address: 2535 HAMLET LANE
City-St-Zip: KISSIMMEE, FL 34761

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLEN, RAYMOND
Address: 9450 MEADOW CREST LANE
City-St-Zip: CLERMONT, FL 34717

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: RAYMOND ALLEN

MGRM

09/05/2006

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