

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-15-2006 90022 007 ****50.00

DOCUMENT # L05000049422

1. Entity Name
BAGET ORTIZ, LLC



Principal Place of Business
**C/O EDUARDO HIRSCH
6622 NATURE PRESERVE COURT
NAPLES, FL 34109**

Mailing Address
**C/O EDUARDO HIRSCH
P.O. BOX 111959
NAPLES, FL 34108-0133**

00000130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2892811

Applied For

Not Applicable

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

**LYONS, RICHARD D ESQ
LYONS & LONS, P.A.
25241 ELEMENTARY WAY, SUITE 206
BONITA SPRINGS, FL 34135**

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

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

(NOTE: Registered Agent signature required when is resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2006 Mr. Eduardo Hirsch
6622 Nature Preserve Ct.
Naples, FL 34109-7850**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Eduardo Hirsch, MGRM

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

3/3/06

239 598 0953

Date

Daytime Phone #



ATTACHMENT
30003448

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

BAGET ORITZ, LLC
C/O EDUARDO HIRSCH
P.O. BOX 111959
NAPLES, FL 34108-0133

Subject: **BAGET ORTIZ, LLC**

Reference Number: **L05000049422**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION