


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:23

DOCUMENT # L05000087771	
1. Entity Name BAG HOLDING COMPANY, LLC	

Principal Place of Business 48 SE OSCEOLA ST. STUART, FL 34994 US	Mailing Address 48 SE OSCEOLA ST. STUART, FL 34994 US
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2. Principal Place of Business 516 SW. Camden Ave Suite, Apt. #, etc.	3. Mailing Address 516 SW. Camden Ave Suite, Apt. #, etc.
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City & State Stuart FL	City & State Stuart FL
Zip 34994	Country US

10112006 REIN-LLC CR2E101 (11/05)	
4. FEI Number 13-4251743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GUFFORD, JOSEPH L III 516 S.W. CAMDEN AVE STUART, FL 34994	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUFFORD, JOSEPH L III 48 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200090823702 10/13/06--01033--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANDT, ARTHUR B 48 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:	DATE