

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 046 ****50.00

DOCUMENT # L05000105919

1. Entity Name
BAGGAGE AIRLINE GUEST SERVICES OF TEXAS, LLC



Principal Place of Business
**621 E. WASHINGTON ST., SUITE 8
ORLANDO, FL 32801**

Mailing Address
**621 E. WASHINGTON ST., SUITE 8
ORLANDO, FL 32801**

2. Principal Place of Business - No P.O. Box #

6751 Forum Drive

Suite, Apt. #, etc.

Suite 230

City & State

Orlando FL

Zip

32821

Country

Orange

3. Mailing Address

6751 Forum Drive

Suite, Apt. #, etc.

Suite 230

City & State

Orlando FL

Zip

32821

Country

Orange



07032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-3712290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202-5017**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MATEER, CRAIG C**
STREET ADDRESS **621 E. WASHINGTON ST., SUITE 8**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Mateer, Craig C**
STREET ADDRESS **6751 Forum Drive Suite 230**
CITY-ST-ZIP **Orlando FL 32821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-21-07

407-849-0670