

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000118895

**FILED**  
**Feb 20, 2009**  
**Secretary of State**

**Entity Name:** MIAMI BAGS & BAGGAGE LLC

**Current Principal Place of Business:**

19501 BISCAYNE BLVD  
1679  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771346  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

FEI Number: 33-1128082      FEI Number Applied For ( )      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:**

**Name and Address of New Registered Agent:**

NOGHREHKAR, NADER  
5289 NW 89TH DRIVE  
CORAL SPRINGS, FL 33077      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: NADER NOGHREHKAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NOGHREHKAR, NADER  
Address: P.O.BOX 771346  
City-St-Zip: CORAL SPRINGS, FL 33077

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NADER NOGHREHKAR

MGR

02/20/2009

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