

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90102 048 ****50.00

60055703



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4950976** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000055003
1. Entity Name
BAGS OF ARIZONA, LLC



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

Mailing Address
621 E WASHINGTON ST. STE 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

6. Name and Address of Current Registered Agent
F & L CORP
ONE INDEPENDENT DRIVE STE 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATEER, CRAIG C 621 E WASHINGTON ST. STE 8 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mateer, Craig C. 6751 Forum Drive Suite 230 Orlando, FL 32821 <input checked="" 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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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]* **8-21-07 402-845-0670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #