## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000088155 1. Entity Name

and the state of t

STREET ADDRESS

CITY-ST-ZIP

**FILED** Sep 12, 2007 8:00 am Secretary of State

09-12-2007 90040 025 \*\*\*\*50.00

BAGG	OF WASHII	NGTON, LLC								
Principal Place of Business Maiting Address 621 E. WASHINGTON STREET, SUITE 8 0RLANDO, FL 32801 ORLANDO, FL 3280							600559		INIZI IIZAI BIIBI AI	10 <b>6</b> 1 (() 3 <b>16</b> 1
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		08302007	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State			4. FEI Number 20-5308477			<u> </u>	pplied For at Applicable
Zip	- · ·	Country	Zip	Count	try		of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-5017					Street Address (P.O. Box Number is Not Acceptable)					
					City			FI	L Zip Cod	e
	ove named entiti igations of regis	ly submits this statement for tered agent.	the purpose of changing its	s registere	ed office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am	n familiar with,	and accept
SIGNATU	RESignature. typed	d or printed name of registered agent a	nd title if applicable (NOT	TE: Registered	d Agent signature re	equired when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007							Mak	re check.	payable to	
Du							Florida	a Departr	ment of State	e <sup>;</sup>
		mber 14, 2007	RS/MANAGERS	10.						e <sup>;</sup>
9.				10.		MATEER C	ADDITIONS		s	
9.	MGR	mber 14, 2007	RS/MANAGERS	10.		MATEER, C	ADDITIONS RAIG C			Addition
9. TITLE	MGR MATEER	MANAGING MEMBER	☐ Delete	TITLE	E ANNORESS 6	6751 FORUN	ADDITIONS RAIG C		s	
9. TITLE NAME	MGR MATEER 888 621 E. W.	MANAGING MEMBER	☐ Delete	TITLE NAME STREE	E ANNORESS 6		ADDITIONS RAIG C		s	
9. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	MGR MATEER 621 E. W. ORLAND	MANAGING MEMBER  CRAIG C ASHINGTON STREET.	☐ Delete	TITLE NAME STREE CHY- TITLE NAME STREE	E EI ADDRESS S-ST-ZIP SE E EI ADDRESS	6751 FORUN	ADDITIONS RAIG C M DRIVE	/CHANG <u>E</u>	s	
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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 empewered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

9.1.07 321689.3596 -DANIE PSHORFIED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE