

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90120 016 \*\*\*138.75

**DOCUMENT # L07000124648**

1. Entity Name  
**BAGMOUTH, LLC**



Principal Place of Business  
**13361 ATLANTIC BLVD  
 JACKSONVILLE, FL 32225**

Mailing Address  
**13361 ATLANTIC BLVD  
 JACKSONVILLE, FL 32225**

**60040685**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**11-3831445**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENUEL, WILLIAM R  
 13361 ATLANTIC BLVD  
 JACKSONVILLE, FL 32225**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<i>Managing Member</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bob Allgood</i>		NAME		
STREET ADDRESS	<i>13361 Atlantic Blvd.</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Jacksonville, FL 32225</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *William R Penuel* Date: *4/25/08* (904) 221-2605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #