

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004723

**Entity Name:** MAGGIE B ORIGINALS, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3207 PAR RD.  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

3207 PAR RD.  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 26-1740875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

USA-RA, LLC  
841 PRUDENTIAL DR., FLR. 12-6491007  
JACKSONVILLE, FL 32207 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MKBS ENTERPRISES, INC.  
Address: 3207 PAR RD.  
City-St-Zip: SEBRING, FL 33872 US

Title: MGR  
Name: SCHINDEWOLF, MARJORIE K  
Address: 3207 PAR RD.  
City-St-Zip: SEBRING, FL 33872 US

Title: MGR  
Name: SCHINDEWOLF, GARY F  
Address: 3207 PAR RD.  
City-St-Zip: SEBRING, FL 33872 US

I hereby 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: MARJORIE K. SCHINDEWOLF

MGR

04/29/2010

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