

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000032228

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** 3 BLONDES AND A BAG, LLC

**Current Principal Place of Business:**

6298 PALM VISTA STREET  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

6298 PALM VISTA STREET  
PORT ORANGE, FL 32128

**New Mailing Address:**

**FEI Number:** 26-2552319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASTINGS, MARYLEN  
6298 PALM VISTA STREET  
PORT ORANGE, FL 32128 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: HASTINGS, MARYLEN  
Address: 6298 PALM VISTA STREET  
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM  
Name: WIGGINS, LESLIE  
Address: 800 PATTERSON STREET  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGRM  
Name: CAMPBELL, MICHELLE  
Address: 4563 WOODCOVE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

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: MARYLEN HASTINGS

MGRM

04/28/2011

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