

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120131

**Entity Name:** THE BAG LADIES LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

113 N. SUMMIT STREET  
CRESCENT CITY, FL 32112

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 411  
CRESCENT CITY, FL 32112

**New Mailing Address:**

**FEI Number:** 27-3954649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NICHOLSON, DEBRA J  
113 N. SUMMIT STREET  
CRESCENT CITY, FL 32112 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:** MGR  
**Name:** NICHOLSON, DEBRA J  
**Address:** POST OFFICE BOX 411  
**City-St-Zip:** CRESCENT CITY, FL 32112

**Title:** MGRM  
**Name:** SCHOLL, BARBARA M  
**Address:** 102 S. MAIN STREET  
**City-St-Zip:** CRESCENT CITY, FL 32112

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:** DEBRA J NICHOLSON

MGR

02/07/2012

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