AUTOBAGER, L.C. 120 W.G.T.O. TOWER ROAD POLIK CITY FL 33868 2. Principal Place of Business 2. Mailing Address P.C. Box 642 Suite, Apt. #, etc. City & State City & State Country Country Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address L.C. 127 W.G.T.O. TOWER RO. POLK CITY FL 33868 120 W.G.T.O. TOWER RO. POLK CITY FL 33868 3. Date Organized or Qualified 3a. State of Fo. 11/03/1997 FL 4. FEI Number City & State Lake Alfred, FL 2ip Country Count	Name and Mailing Add of Limited Liability Com AUTOBAGG 120 W.G	te Check Payable To: F	LORIDA DEPARTMENT	emental Fee	OLVISION OF CORPORATIONS 98 MAY - 1 PM 4: 09			
1. Name and Maling Address of Current Registered Agent 7. Name and Address of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the pult as registered agent, and accept the obligations. 8. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the pult as registered Agent, and accept the obligations. 8. Size Address (P.O. Box Number is Not Acceptable) 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the pult as registered agent, and accept the obligations. 8. Size Address (P.O. Box Number is Not Acceptable) 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the pult as registered agent, and accept the obligations. 8. Size Address (P.O. Box Number is Not Acceptable) 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the pult as registered agent, and accept the obligations. 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the pult as registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept as registered agent, and accept the obligations. 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the pult is registered Agent of the pult of th	Name and Mailing Add of Limited Liability Com AUTOBAGG 120 W.G			UPSIAIL				
POLK CITY FL 33868 2. Principal Place of Business 2. Mailing Address P.C. Box 442 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. City & State City & State City & State Country Country Country City & State Country				1227	·			
Suite, Apt. #, etc. P.O. Box 642		FY FL 33868		}				
Suite, Apt. #, etc. City & State Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Offi Name 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent/Offi Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code Suite, Apt. #, etc. City FL Zip Code FL Zip Co	Principal Place of Busin	ness 2e	Mailing Address	ng Address		d or Qualified 3a	. State of Formation	
City & State Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Offi Name FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL 33868 Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City City FL Zip Code Sulte, Apt. #, etc. City FL Zip Code Sulte, Apt. #, etc. City FL Zip Code FL Zip Code FL Thereby accept its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept its registered agent, and accept the obligations. SIGNATURE (Registered Agent Accenting Approximate) (NOTE. Registered Agent agrature required when terrelating) DATE (Registered Agent Accenting Approximate) (NOTE. Registered Agent agrature required when terrelating) MGRM FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL	. I ' -				11/03/1997 FL 4. FEI Number		T==/	
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Offi Name FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the pursuant registered agent, and accept the obligations. Signature (Registered Agent Agent Agent Agent Agent Agent Agent Agent Street Address Business Street Address City. State and ZIp Co. MGRM FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL	City & State City & Si		ty & State		THE TAX TAX TO SEE		Applied For	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Offi Name FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL 33868 Sulte, Apt. #, etc. City City FL Zip Code FL Zip Code City FL Zip Code FL Sulte, Apt. #, etc. City FL Tity Code Ti	La		· ·		5. Date of Last Report		Not Applicable Certificate of Status Desired	
Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City FL Zip Code City FL Zip Code City Sulte, Apt. #, etc. City FL And accept a series a special series)	Country	3850 Country	POLK		58	75 Additional Lee Required	
FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL 33868 Suite, Apt. #, etc. City Lite Code Suite, Apt. #, etc. City Lite Code Suite, Apt. #, etc. City Lite Code Gity Lite Code City Lite Code	7. Name s	nd Address of Current Regi			ame and Address	of New Registere	d Agent/Office	
its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept as registered agent, and accept the obligations. SIGNATURE (Registered Agent Agent Accepting Appointment) (NOTE. Registered Agent agenture required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Common MGRM FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL	OLK CITY F	L 33868		City			FL 127\Att	
(Registered Agent Accepting Appointment) (NOTE Registered Agent squature required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Co MGRM FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL	registered office or regis	tered agent, or both, in the State	e of Florida. Such change was aut	horized by affirmati	ve vote of a majority	of the members. I h	ereby accept the appointment	
MGRM FELDER, VICTORIA A 120 W.G.T.O. TOWER ROAD POLK CITY FL MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL	GNATURE	(Registered Agent Accepting Appoint	morit) (NOTE, Registered Agent signature i	equired when reinstating)	D	ATE		
MGRM FELDER, STEPHEN M 120 W.G.T.O. TOWER ROAD POLK CITY FL	Title Mana	aging Members/Managers	Busines	s Street Address		City, Sta	te and Zip Code	
	GRM FELDER,	, VICTORIA A	120 W.G.T.	O. TOWER	ROAD	POTK CIJ	ry FL	
100025159: -05/07/98011 ****188.75 **	GRM FELDER	, STEPHEN M	120 W.G.T.	O. TOWER	ROAD	POLK CIT	ry FL	
					10	00025 -05/07/9 ****188	15991 3801106010 3801106010 .75 ****188.75	
11. I do here certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify the indicated on this annual 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Bi	Ido here certify that the	ort is true and accurate and th	at my signature shall have the sa	me legal effect as if	made under oath;	that I am a managir	ng member or manager of the	