


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -1 PM 4:09

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001227**

AUTOBAGGER, L.C.
~~120 W.G.T.O. TOWER ROAD~~
~~POLK CITY FL 33868~~

1a. Principal Place of Business Address

120 W.G.T.O. TOWER ROAD
POLK CITY FL 33868

2. Principal Place of Business

2a. Mailing Address

P.O. Box 642

3. Date Organized or Qualified

3a. State of Formation

11/03/1997

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

SB 2: Additional Fee Required ☐

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Alfred, FL

Zip

Country

Zip

33850

Country

POLK

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

FELDER, VICTORIA A
120 W.G.T.O. TOWER ROAD
POLK CITY FL 33868

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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 purpose of changing 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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
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

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****188.75 ****188.75

11. I do hereby 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 that the information 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 manager of the 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 Block 10, or on an attachment with an address.

SIGNATURE: *Victoria A. Felder*

4/28/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #