#### 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000106960

Entity Name: BROWN BAGS, LLC

# **Current Principal Place of Business:**

5004 EAST FOWLER AVE SUITE A

TAMPA, FL 33617

# **Current Mailing Address:**

5004 EAST FOWLER AVE SUITE A TAMPA, FL 33617 US

FEI Number: 46-0818695 Certificate of Status Desired: No

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

LEPRELL, SAMUEL L 1930 SAN MARCO BLVD SUITE 201 JACKSONVILLE, FL 32207 US

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: SAMUEL LEPRELL 11/20/2015

Electronic Signature of Registered Agent Date

City-State-Zip:

### Authorized Person(s) Detail:

TitleMANAGING MEMBERTitleMANAGING MEMBERNameSHAH, KUNALNameCHOPRA, KINNARI

Address 5004 EAST FOWLER AVE Address 2635 MILFORD BERRY LN

SUITE A

City-State-Zip: TAMPA FL 33617

TAMPA FL 33618

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KUNAL SHAH MANAGING MEMBER 11/20/2015

FILED Nov 20, 2015

**Secretary of State** 

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