

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061106

**Entity Name:** SMOKEY BONES, LLC

**Current Principal Place of Business:**

2999 NE 191 ST  
SUITE 500  
AVENTURA , FL 33180

**Current Mailing Address:**

2999 NE 191 ST  
SUITE 500  
AVENTURA , FL 33180 US

**FEI Number:** 26-0385178

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            CEO, DIRECTOR  
Name            ESKO, RYAN  
Address        2999 NE 191 ST  
                  SUITE 500  
City-State-Zip: AVENTURA FL 33180

Title            CFO  
Name            MILNTHORPE, NICOLE M  
Address        2999 NE 191 ST  
                  SUITE 500  
City-State-Zip: AVENTURA FL 33180

*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:** NICOLE MILNTHORPE

CFO

04/16/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date