

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061106

Entity Name: SMOKEY BONES, LLC

Current Principal Place of Business:

8427 SOUTHPARK CIR
SUITE 250
ORLANDO, FL 32819

Current Mailing Address:

8427 SOUTHPARK CIR
SUITE 250
ORLANDO, FL 32819 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 AS
Name FINNIGAN, DAVID
Address 5200 TOWN CENTER CIRCLE SUITE
600
City-State-Zip: BOCA RATON FL 33486

Title CFO
Name SHELL, JON
Address 8529 SOUTH PARK CRICLE
City-State-Zip: ORLANDO FL 32819

Title VP
Name HADJUCH, MARK
Address 5200 TOWN CENTER CIRCLE SUITE
600
City-State-Zip: BOCA RATON FL 33486

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: JON SHELL

CFO

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date