

2017 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

02/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date