

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000061106

**Entity Name:** SMOKEY BONES, LLC

**Current Principal Place of Business:**

1000 S PINE ISLAND ROAD  
SUITE 900  
PLANTATION, FL 33324

**Current Mailing Address:**

1000 S PINE ISLAND ROAD  
SUITE 900  
PLANTATION, FL 33324 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:** INNETTE ST PRIX

01/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name MILNTHORPE, NICOLE M  
Address 1000 S PINE ISLAND ROAD  
SUITE 900  
City-State-Zip: PLANTATION FL 33324

Title CEO  
Name O'REILLY, JAMES PATRICK  
Address 1000 S PINE ISLAND ROAD  
SUITE 900  
City-State-Zip: PLANTATION FL 33324

*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

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date