

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000195200

**Entity Name:** DRAGONBONE, LLC

**Current Principal Place of Business:**

150 SOUTH UNIVERSITY DRIVE  
SUITE A  
PLANTATION, FL 33324

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC7924804181**

**Current Mailing Address:**

150 SOUTH UNIVERSITY DRIVE  
SUITE A  
PLANTATION, FL 33324 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SCHNEIDER, PAUL F  
150 SOUTH UNIVERSITY DRIVE  
SUITE A  
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 MGR  
Name HALLIWELL, CAREN YAP  
Address 15002 191ST AVENUE  
City-State-Zip: WOODINVILLE WA 98072

Title MGR  
Name HALLIWELL, STEVEN  
Address 15002 191ST AVENUE  
City-State-Zip: WODDINVILLE WA 98072

*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: HALLIWELL, CAREN YAP**

**MGR**

**04/30/2018**

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

\_\_\_\_\_  
Date