

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000012881

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** THE LOOSE CABOOSE, LLC

**Current Principal Place of Business:**

825 WRIGHT ST  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

825 WRIGHT ST  
ENGLEWOOD, FL 34223 UN

**Current Mailing Address:**

825 WRIGHT ST  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** 65-1144515      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LYONS, WILLIAM K  
825 WRIGHT ST  
ENGLEWOOD, FL 34223 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HONEY, J. KIMPTON  
**Address:** 1628 TREASURE LANE ,PO BOX 519  
**City-St-Zip:** BOCA GRANDE, FL 33921

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: J KIMPTON HONEY      MGRM      02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date