

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90019 015 ***138.75

DOCUMENT # L02000019696

1. Entity Name
BEARTOOTH PROPERTY, LLC



Principal Place of Business
**6715 COYOTE RIDGE CT.
UNIVERSITY PARK, FL 34201**

Mailing Address
**6715 COYOTE RIDGE COURT
UNIVERSITY PARK, FL 34201**

60002412



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1620518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMSON, MARJORIE A
6715 COYOTE RIDGE COURT
UNIVERSITY PARK, FL 34201

Name **Adamson MARJORIE A.**
Street Address (P.O. Box Number is Not Acceptable)
6715 Coyote Ridge Ct.
City **University Park** **FL** Zip Code **34201**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ADAMSON, MARJORIE ANN**
STREET ADDRESS **6715 COYOTE RIDGE COURT**
CITY-ST-ZIP **UNIVERSITY PARK, FL 34201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Marjorie A. Adamson* **MARJORIE A. ADAMSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-16-08

Date

941-744-2400

Daytime Phone #