


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000016106 1. Entity Name LION PAW, LLC	
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Principal Place of Business 4090 W. GULF DR. SANIBEL ISLAND, FL 33957	Mailing Address 4090 W. GULF DR. SANIBEL ISLAND, FL 33957
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DO NOT WRITE IN THIS SPACE

02022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1168211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**URKOVICH, RONALD S ESQ
2323 WOOSTER LANE, STE 3
SANIBEL ISLAND, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KRONFELD, JOEL
STREET ADDRESS	4090 W. GULF DR.
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	MGRM
NAME	WROTON, MELVIN
STREET ADDRESS	PO BOX 151520
CITY-ST-ZIP	CAPE CORAL, FL 33915
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06 00063-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: ✓

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

Date

Daytime Phone #

239-2925675