

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038407

**FILED**  
**Mar 06, 2009**  
**Secretary of State**

**Entity Name:** STEEL DOG CONCEPTS, LLC

**Current Principal Place of Business:**

1510 SO. TUTTLE AVENUE  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

2704 BEE RIDGE ROAD  
SUITE 208  
SARASOTA, FL 34239 US

**Current Mailing Address:**

1510 SO. TUTTLE AVENUE  
SARASOTA, FL 34239 US

**New Mailing Address:**

2704 BEE RIDGE ROAD  
SUITE 208  
SARASOTA, FL 34239 US

**FEI Number:** 20-1178279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIDDLEBROOKS, J. HUGH  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

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

WHATMORE, JAMES C  
2704 BEE RIDGE ROAD  
SUITE 208  
SARASOTA, FL 34239 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:** JAMES C. WHATMORE

03/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MM ( ) Delete  
**Name:** WHATMORE, JAMES C  
**Address:** 1510 SO TUTTLE AVE.  
**City-St-Zip:** SARASOTA, FL 34239 US

**ADDITIONS/CHANGES:**

**Title:** MM (X) Change ( ) Addition  
**Name:** WHATMORE, JAMES C  
**Address:** 2704 BEE RIDGE ROAD, SUITE 208  
**City-St-Zip:** SARASOTA, FL 34239 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** JAMES C. WHATMORE

MM

03/06/2009

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