## 2005 LIMITED LIABILITY COMPANY

## Apr 01, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000039249** 04-01-2005 90155 038 \*\*\*\*50.00 1. Entity Name BEAR'S PAW QUILTING, LLC Principal Place of Business Mailing Address 1292 MYERS RD 1292 MYERS RD US BROOKSVILLE, FL 34602 211 BROOKSVILLE, FL 34602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022005 Chg-LLC CR2E083 (10/03) City & State City & State . 4. FEI Number Applied For 20-11 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEARCE, LAURIE A Street Address (P.O. Box Number is Not Acceptable) 1292 MYERS RD **BROOKSVILLE, FL 34602** Zip Code 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 。 、よりではなりでしょう。 とようないできません in a university of the manager of the morning of the reserve of the configuration of the conf the obligations of registered agentals and sugar control of the equation of SIGNATURE certily the troublest the property of the property o DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DEFERENCES TO aread) Järdisti Make check payable to Filing Fee is \$50.00 27.35 Florida Department of State Due by May 1, 2005 E Bajan urt Hiti 9: ` . . . . . . MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME PEARCE, LAURIE A NAME STREET ADDRESS .1292 MYERS RD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34602 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-.CITY-ST-ZIP\_ ស្ត្រទទ្ធខ្លួន ក្រុចស្វែងស្រុះ 🔲 Change 👍 🔲 Addition Delete TITLE TITLE क का की संस्थात है। जी वर्ष NAME ि भिष्में १-स्व कि छई। हैते NAME γίωνο αφέριε νεχαρία (η

**FILED** 

11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company, or, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY:ST:ZIP

STREET ADDRESS

ration on this transfer to the

region to turbations in the part forth of a 1 year