

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076238

1. Entity Name
SAWBONE & JAWBONE LIMITED LIABILITY COMPANY



Principal Place of Business
40 BAHAMA CIRCLE
TAMPA, FL 33602

Mailing Address
40 BAHAMA CIRCLE
TAMPA, FL 33602



01162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0597595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCLIMANS, FREDERICK J
40 BAHAMA CIRCLE
TAMPA, FL 33602

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCLIMANS, FREDERICK J
STREET ADDRESS	40 BAHAMA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	MCCLIMANS, JANE
STREET ADDRESS	40 BAHAMA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	JOYCE, ROBERT
STREET ADDRESS	16312 MILLAN DE AVILA
CITY-ST-ZIP	TAMA, FL 33613
TITLE	MGRM
NAME	REYES-JOYCE, LILLIAN
STREET ADDRESS	16312 MILLAN DE AVILA
CITY-ST-ZIP	TAMA, FL 33613
TITLE	MGRM
NAME	HAAG, EMMETT T
STREET ADDRESS	P.O. BOX 674
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	HAAG, MARY W
STREET ADDRESS	P.O. BOX 674
CITY-ST-ZIP	WINDERMERE, FL 34786

U000000590864
01/18/07-80073-012 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 #

1-10-07

407877-7990