

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073137

Entity Name: EAGLE CLAW TOOTH, LLC

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

660 1ST STREET SW
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

15275 COLLIER BLVD. #247
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-3258077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BELYNDA E
15275 COLLIER BLVD. #247
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: WILLIAMS, JOHN D PRES
Address: 15275 COLLIER BLVD. #247
City-St-Zip: NAPLES, FL 34119

Title: SEC () Delete
Name: WILLIAMS, BELYNDA E SEC
Address: 15275 COLLIER BLVD. #247
City-St-Zip: NAPLES, FL 34119

Title: TR () Delete
Name: WILLIAMS, BELYNDA E TR
Address: 15275 COLLIER BLVD. #247
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BELYNDA E WILLIAMS

SEC

03/29/2009

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