

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000073137

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** EAGLE CLAW TOOTH, LLC

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

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

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

I hereby 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 WILLIAMS

SEC

03/30/2010

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