

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086201

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** THREE CUB BEAR, L.L.C.

**Current Principal Place of Business:**

24470 NE 133 PLACE ROAD  
SALT SPRINGS, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5221  
SALT SPRINGS, FL 32134

**New Mailing Address:**

**FEI Number:** 20-3489925

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHNEIDER, JOAN A  
24470 NE 133 PLACE ROAD  
SALT SPRINGS, FL 32134 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:** MGRM  
**Name:** SCHNEIDER, JOAN A  
**Address:** 24470 NE 133 PLACE ROAD  
**City-St-Zip:** SALT SPRINGS, FL 32134

**Title:** MGRM  
**Name:** GIFFIN, SHARON  
**Address:** 14531 NE 190TH LANE  
**City-St-Zip:** FT. MC COY, FL 32134

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:** JOAN A. SCHNEIDER

MGRM

03/11/2010

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