

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000006705

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** BEAR PAW, LLC

**Current Principal Place of Business:**

2100 BEARPAW LANE  
MARIANA, FL 32448 US

**New Principal Place of Business:**

2599C HWY 79  
VERNON, FL 32462 US

**Current Mailing Address:**

P.O. BOX 626  
BONIFAY, FL 32425 US

**New Mailing Address:**

**FEI Number:** 20-8530690      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VICKERS, LINDA  
2599C HWY 79  
VERNON, FL 32462 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:** VICKERS, LINDA  
**Address:** P.O. BOX 626  
**City-St-Zip:** BONIFAY, FL 32425 US

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: LINDA VICKERS

MGRM

04/12/2012

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