

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90029 006 \*\*\*\*50.00

**DOCUMENT # L06000072521**

1. Entity Name

**BEARPAW, LLC**



Principal Place of Business

**2921 W. KNIGHTS AVE.  
TAMPA FL 33611**

Mailing Address

**2921 W. KNIGHTS AVE.  
TAMPA FL 33611**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-5878531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

2nd MOORE

CR2E083 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, J. ERIC  
101 E. KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM John C. Mills 3825 Henderson Blvd., Ste. 202 TAMPA, FL 33629-5002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM Daryl G. Corr 2921 W. Knights Ave. TAMPA, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM Carolyn C. Corr 1508-A Bay Villa Place TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7-24-2007 813-760-3839**

Date

Daytime Phone #

ATTACHMENT

60053755  
# LOG 00007234

MGRM

John C. Mills

3825 Henderson Blvd., Ste. 202

Tampa, FL 33629

MGRM

Daryl G. Corr

2921 W. Knights Ave.

Tampa, FL 33611

MGRM

Carolyn C. Corr

1506-A Bay Villa Place

Tampa, FL 33629