

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061106

Entity Name: SMOKEY BONES, LLC

FILED
Jan 19, 2012
Secretary of State

Current Principal Place of Business:

8529 SOUTHPARK CIR
SUITE 410
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8529 SOUTHPARK CIR
SUITE 410
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 26-0385178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: AS
Name: FINNIGAN, DAVID
Address: 5200 TOWN CENTER CIRCLE SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: AS
Name: WALTERS, RICK
Address: 5200 TOWN CENTER CIRCLE SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: CFO
Name: HAWKINS, BRUCE F
Address: 8529 SOUTH PARK CIRCLE SUITE 410
City-St-Zip: ORLANDO, FL 32819

Title: VP
Name: HADJUCH, MARK
Address: 5200 TOWN CENTER CIRCLE SUITE 600
City-St-Zip: BOCA RATON, FL 33486

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: BRUCE F HAWKINS

CFO

01/19/2012

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