

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047759

Entity Name: THE SMOKIN BEAVER LLC

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

1876 MILLS ROAD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

1876 MILLS ROAD
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 26-2603399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEWER, JENNIFER M
1876 MILLS ROAD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WEWER, RICHARD M
1876 MILLS ROAD
JACKSONVILLE, FL 32216 US

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: RICHARD M WEWER

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEWER, JENNIFER M
Address: 1876 MILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM () Delete
Name: WEWER, RICHARD M
Address: 1876 MILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM (X) Delete
Name: SAMS, BETSY A
Address: 10960-546 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD M WEWER

MGRM

02/25/2009

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