

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010437

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** BUSTED BONE, L.L.C.

**Current Principal Place of Business:**

641 S.W. MUNJACK COVE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

641 S.W. MUNJACK COVE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 26-4187953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TWOHEY, CHRISTOPHER J ESQ.  
844 EAST OCEAN BLVD., SUITE A  
STUART, FL 34994 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:** POWERS, MARK  
**Address:** 70 SOUTH SEWALL'S POINT ROAD  
**City-St-Zip:** STUART, FL 34996

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:** MARK J POWERS

MGRM

03/31/2011

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