

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057286

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** BONE MOUNTAIN FLORIDA, LLC

**Current Principal Place of Business:**

190 WEST ST.  
LITCHFIELD, CT 06759

**New Principal Place of Business:**

163 HERMITAGE ST.  
PHILADELPHIA, PA 19127

**Current Mailing Address:**

190 WEST ST.  
LITCHFIELD, CT 06759

**New Mailing Address:**

163 HERMITAGE ST.  
PHILADELPHIA, PA 19127

**FEI Number:** 27-0365752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESIDENT AGENT CORPORATION OF PINELLAS COU  
980 TYRONE BLVD.  
ST. PETERSBURG, FL 33710 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: MARCHIONNI, MARK  
Address: 163 HERMITAGE ST.  
City-St-Zip: PHILADELPHIA, PA 19127

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 A. MARCHIONNI

MANA

03/25/2010

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