

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057286

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

163 HERMITAGE ST.  
PHILADELPHIA, PA 19127

**New Principal Place of Business:**

1525 FOURTH ST  
#C  
SARASOTA, FL 34236

**Current Mailing Address:**

163 HERMITAGE ST.  
PHILADELPHIA, PA 19127

**New Mailing Address:**

4550 BUSTI DR  
SARASOTA, FL 34232

**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: FEHRING, DARREN  
Address: 4550 BUSTI DR  
City-St-Zip: SARASOTA, FL 34232

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: DARREN FEHRING

MGRM

04/29/2011

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