

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040768

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** STUART FISH BONES, LLC

**Current Principal Place of Business:**

4290 SE SALERNO RD.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

4290 SE SALERNO RD.  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 45-2392674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCINTYRE, WILLIAM C  
4207 SW HIGH MEADOW AVE.  
PALM CITY, FL 34990 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:** FISH BONES, INC.  
**Address:** 4290 SE SALERNO RD.  
**City-St-Zip:** STUART, FL 34997

**Title:** MGRM  
**Name:** BJB FAMILY I, LLC  
**Address:** 5609 SE LAMAY DR.  
**City-St-Zip:** STUART, FL 34997

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:** FRANK JOHN KILIAN II, PRES FISH BONES, INC

MGRM

02/21/2012

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