

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057790

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** A GRIZZLY EXPERIENCE LLC

**Current Principal Place of Business:**

4670 43RD AVE NE  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

4670 43RD AVE NE  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 27-3008744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZ-GERALD, MEGAN C  
4670 43RD AVE NE  
NAPLES, FL 34120 US

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

OSBORN, MEGAN C  
4670 43RD AVE NE  
NAPLES, FL 34120 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: MEGAN C OSBORN

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSBORN, DEXTER G  
Address: 4670 43RD AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: MGRM  
Name: OSBORN, MEGAN C  
Address: 4670 43RD AVE NE  
City-St-Zip: NAPLES, FL 34120

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: MEGAN OSBORN

MGRM

04/11/2012

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