

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117898

Entity Name: BEAR CLAW, LLC

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11307 NORT THOMAS DRIVE  
MACCLENNY, FL 32063

**New Principal Place of Business:**

11307 NORTH THOMAS DRIVE  
MACCLENNY, FL 32063

**Current Mailing Address:**

11307 NORT THOMAS DRIVE  
MACCLENNY, FL 32063

**New Mailing Address:**

11307 NORTH THOMAS DRIVE  
MACCLENNY, FL 32063

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

JORGENSEN, MIKE  
2318 PARK STREET  
JACKSONVILLE, FL 32204 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: CREWS, DEBORAH A  
Address: 11307 NORTH THOMAS DRIVE  
City-St-Zip: MACCLENNY, FL 32063

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: DEBORAH A CREWS

MGRM

05/24/2012

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