

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M08000004501

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** SQUEAKY BOW-TIQUE LLC

**Current Principal Place of Business:**

143 S 200 W  
ST. GEORGE, UT 84770

**New Principal Place of Business:**

946 W. SUNSET BLVD., STE F  
ST. GEORGE, UT 84770

**Current Mailing Address:**

140 W FOOTHILL BLVD STE E  
CLAREMONT, CA 91711

**New Mailing Address:**

63 SOUTH 300 EAST, STE 100  
ST. GEORGE, UT 84770

**FEI Number:** 45-0584487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSEN, JULIE  
601 SE 36TH LANE  
OCALA, FL 34471 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: LARSEN, JULIE  
Address: 601 SE 36TH LANE  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: JENSEN, ANDRIA  
Address: 946 W. SUNSET BLVD, STE F  
City-St-Zip: ST. GEORGE, UT 84770

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: JULIE LARSEN

MGR

04/30/2011

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