

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000000021

**Entity Name:** BONNIE CASON, LLC

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

**Current Principal Place of Business:**

103 SHARPE STREET  
SCREVEN, GA 31560

**New Principal Place of Business:**

**Current Mailing Address:**

103 SHARPE STREET  
SCREVEN, GA 31560

**New Mailing Address:**

**FEI Number:** 16-1666623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, MARSHALL E ESQ  
303 CENTER ST. #100  
FERNANDINA BEACH, FL 320344279 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: MGR  
Name: CASON, BONNIE L  
Address: 103 SHARPE STREET  
City-St-Zip: SCREVEN, GA 31560

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: BONNIE CASON

MGR

02/11/2012

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