

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000124141

Entity Name: BOLTED CARE, LLC

Current Principal Place of Business:

611 SOUTH FT. HARRISON, #354
CLEARWATER, FL 33756

Current Mailing Address:

611 SOUTH FT. HARRISON, #354
CLEARWATER, FL 33756

FEI Number: 46-1125815

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, THOMAS B
360 CENTRAL AVENUE, SUITE 1200
ST. PETERSBURG, FL 33701 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name HAIRE, STEPHEN
Address 611 SOUTH FT. HARRISON, #354
City-State-Zip: CLEARWATER FL 33756

Title MANAGING MEMBER
Name SKELTON, DAVID
Address 611 SOUTH FT. HARRISON, #354
City-State-Zip: CLEARWATER FL 33756

Title MANAGING MEMBER
Name WHITED, BENJAMIN
Address 611 SOUTH FT. HARRISON, #354
City-State-Zip: CLEARWATER FL 33756

Title CFO
Name POLEN, DAN
Address 611 SOUTH FT. HARRISON, #354
City-State-Zip: CLEARWATER FL 33756

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAN B. POLEN

CFO

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date