

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000012892

FILED
Oct 06, 2005
Secretary of State

Entity Name: ALL DAY BOUNCERS, L.L.C.

Current Principal Place of Business:

322 S.E. 27TH TERRACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

322 S.E. 27TH TERRACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-0878570 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATTEN, SHARON
322 S.E. 27TH TERRACE
CAPE CORAL, FL 33904 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: SHARON PATTEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATTEN, SHARON
Address: 322 S.E. 27TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: PATTEN, EARON
Address: 322 S.E. 27TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: SHARON PATTEN

MGRM

10/06/2005

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