

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012892

**FILED**  
**Mar 16, 2011**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0878570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATTEN, SHARON  
322 S.E. 27TH TERRACE  
CAPE CORAL, FL 33904 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:** PATTEN, SHARON  
**Address:** 322 S.E. 27TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33904

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

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:** SHARON PATTEN

OWNE

03/16/2011

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