2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2008
Secretary of State

DOCUMENT# L05000002478

Entity Name: GOT SLIPS, LLC

Current Principal Place of Business:

7065 TREYMORE CT
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7065 TREYMORE CT
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 20-2135104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROFFITT, SANDRA L
7065 TREYMORE CT
SARASOTA, FL 34243 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	( ) Delete
Name:	WOODLAND, EDWARD L	
Address:	6351 GULF OF MEXICO DR	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	MGRM	( ) Delete
Name:	WOODLAND, THERESA C	
Address:	6351 GULF OF MEXICO DR.	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	MGRM	( ) Delete
Name:	ELIAS, JOHN L	
Address:	39608 TIMBERLANE	
City-St-Zip:	STERLING HEIGHTS, MI 48310	
Title:	MGRM	( ) Delete
Name:	ELIAS, LINDA R	
Address:	39608 TIMBERLANE	
City-St-Zip:	STERLING HEIGHTS, MI 48310	
Title:	MGRM	( ) Delete
Name:	PROFFITT, BRENT J	
Address:	7065 TREYMORE CT	
City-St-Zip:	SARASOTA, FL 34243	
Title:	MGRM	( ) Delete
Name:	PROFFITT, SANDRA L	
Address:	7065 TREYMORE CT	
City-St-Zip:	SARASOTA, FL 34243	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, 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: SANRA PROFFITT MGR 03/15/2008

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