

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002478

FILED
Mar 26, 2009
Secretary of State

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: SANDRA PROFFITT

MGR

03/26/2009

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