

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099648

FILED
Aug 18, 2009
Secretary of State

Entity Name: FIST FULL OF BOUNCE LTD. CO.

Current Principal Place of Business:

107 4TH AVE APT B
ST PETE BEACH, FL 337064361

New Principal Place of Business:

525 4TH AVENUE SOUTH
NAPLES, FL 34102

Current Mailing Address:

PO BOX 46532
ST PETE BEACH, FL 33741

New Mailing Address:

FEI Number: 57-1226003 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:

BARRETT, JOHN D II
107 4TH AVE APT B
ST PETE BEACH, FL 337064361 US

Name and Address of New Registered Agent:

BARRETT, JOHN D II
525 4TH AVENUE SOUTH
NAPLES, FL 34102 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:

08/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARRETT, JOHN D II
Address: 107 4TH AVE APT B
City-St-Zip: ST PETE BEACH, FL 337064361

Title: MGRM () Delete
Name: BARRETT, EDWARD
Address: 2130 EVONA
City-St-Zip: WIXOM, MI 48397

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARRETT, JOHN D II
Address: 525 4TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

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: JOHN D. BARRETT, II

MGR

08/18/2009

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