

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000025267

Entity Name: GOTTA LOVETT, LLC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

219 HARRISON AVE.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2529  
PANAMA CITY, FL 32402

**New Mailing Address:**

FEI Number: 03-0583515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOVETT, JAMES A  
219 HARRISON AVE.  
PANAMA CITY, FL 32401 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: LOVETT, JAMES A  
Address: 219 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: LOVETT, JACQUIE G  
Address: 219 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL 32401

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: JAMES A. LOVETT

MGRM

01/06/2011

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