

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096304

FILED
Aug 10, 2009
Secretary of State

Entity Name: BOUNCING ADVENTURES LLC

Current Principal Place of Business:

5201 NW MAYFIELD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

5201 NW MAYFIELD
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-5652127 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:

Name and Address of New Registered Agent:

AUSECHA, DANNI
5201 NW MAYFIELD
PORT ST LUCIE, FL 34983 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AUSECHA, DANNI
Address: 5201 NW MAYFIELD LN
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGR () Delete
Name: GOMEZ, CAROLINA
Address: 5201 NW MAYFIELD LN
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

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: DANNI AUSECHA

MR

08/10/2009

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