

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076614

FILED
Feb 01, 2009
Secretary of State

Entity Name: GOTTAGODIVIN LLC

Current Principal Place of Business:

524 SPRING AVENUE
BOX 718
ANNA MARIA, FL 34216 US

New Principal Place of Business:

Current Mailing Address:

524 SPRING AVENUE
BOX 718
ANNA MARIA, FL 34216 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ICE, HAROLD E
524 SPRING AVENUE
BOX 718
ANNA MARIA, FL 34216 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: ICE, HAROLD E
Address: 524 SPRING AVENUE BOX 718
City-St-Zip: ANNA MARIA, FL 34216 US

Title: MGRM () Delete
Name: ICE, DIANNE C
Address: 524 SPRING AVENUE BOX 718
City-St-Zip: ANNA MARIA, FL 34216 US

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: HAROLD E, ICE

MGRM

02/01/2009

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