

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081570

Entity Name: GOT BOUNCE, LLC.

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

445 COUNTRY VINEYARD DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

445 COUNTRY VINEYARD DRIVE  
VALRICO, FL 33594

**New Mailing Address:**

FEI Number: 27-0705697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNN, SHELLEY  
445 COUNTRY VINEYARD  
VALRICO, FL 33594 US

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

JOHNN, SHELLEY  
445 COUNTRY VINEYARD DRIVE  
VALRICO, FL 33594 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:

02/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS.  
Name: JOHNN, SHELLEY  
Address: 445 COUNTRY VINEYARD DRIVE  
City-St-Zip: VALRICO, FL 33594

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: SHELLEY JOHNN

MS.

02/27/2010

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