2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# L10000007550

Entity Name: GOTTAWANNA, LLC

Current Principal Place of Business:

235 N LONGWOOD ST
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

235 N LONGWOOD ST
LONGWOOD, FL 32750

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEMBRICH, MATHEW P
235 N LONGWOOD ST
LONGWOOD, FL 32750 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: LEMBRICH, MATHEW P
Address: 235 N LONGWOOD ST
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM
Name: LEMBRICH, RALPH
Address: 235 N LONGWOOD ST
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM
Name: LEMBRICH, STEVEN P
Address: 235 N LONGWOOD ST
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM
Name: WEST, JOHN C
Address: 235 N LONGWOOD ST
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM
Name: BUTLER, DAVID B
Address: 235 N LONGWOOD ST
City-St-Zip: LONGWOOD, FL 32750

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 Statues.

SIGNATURE: MATT LEMBRICH MANA 03/01/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date