

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000088509

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: GOT THANKS LLC

**Current Principal Place of Business:**

115 E PINE HOLLOW TRL  
#101  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 860291  
ST AUGUSTINE, FL 32086-029 US

**New Mailing Address:**

FEI Number: 27-3314917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ATWOOD, JILL S  
2730 US1 SOUTH  
SUITE E  
ST. AUGUSTINE, FL 32086 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: WOOD, PATRICIA  
Address: 115 E PINE HOLLOW TRAIL, UNIT #101  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM  
Name: COYLE, GAYLE  
Address: 205 BAYBERRY CIRCLE #706  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: PATRICIA WOOD

MGRM

02/16/2011

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