

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092985

Entity Name: GIGGLE BITE SHOWS, LLC

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1105 CAPE CORAL PARKWAY E STE C  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100750  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 27-3583406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUNDERSON, MIKO P ESQ  
18401 MURDOCK CIR UNIT C  
PORT CHARLOTTE, FL 33948 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: BARRES, DANIEL T  
Address: PO BOX 100750  
City-St-Zip: CAPE CORAL, FL 33910

Title: MGRM  
Name: WITHERS, JESSICA B  
Address: PO BOX 110750  
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR  
Name: LEMONS, JILL W  
Address: 1105 CAPE CORAL PARKWAY E STE C  
City-St-Zip: CAPE CORAL, FL 33904

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: JILL W. LEMONS

MGR

01/28/2011

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