

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002478

Entity Name: GOT SLIPS, LLC**Current Principal Place of Business:**7065 TREYMORE CT
SARASOTA, FL 34243**Current Mailing Address:**7065 TREYMORE CT
SARASOTA, FL 34243**FEI Number:** 20-2135104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROFFITT, SANDRA L
7065 TREYMORE CT
SARASOTA, FL 34243 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	WOODLAND, EDWARD L
Address	PO BOX 459
City-State-Zip:	WATKINS GLEN NY 14891-0459

Title	MGRM
Name	WOODLAND, THERESA C
Address	PO BOX 459
City-State-Zip:	WATKINS GLEN NY 14891-0459

Title	MGRM
Name	ELIAS, JOHN L
Address	378 BIMINI DR
City-State-Zip:	PALMETTO FL 35221

Title	MGRM
Name	PROFFITT, BRENT J
Address	7065 TREYMORE CT
City-State-Zip:	SARASOTA FL 34243

Title	MGRM
Name	PROFFITT, SANDRA L
Address	7065 TREYMORE CT
City-State-Zip:	SARASOTA FL 34243

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA L PROFFITT**MEMBER****02/28/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date