I hereby certify that the information indicated on this report or supplemental report is true and accurate an oath; that I am a managing member or manager of the limited liability company or the receiver or trustee		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: WIVELSON RENOIT	MANAGER	04/05/2023

SIGNATURE: WIVELSON RENOIT

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L22000123718 Entity Name: GOLLA BOUNCE HOUSE LLC

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# **Current Principal Place of Business:**

819 EL VEDADO WEST PALM BEACH, FL 33405

## **Current Mailing Address:**

819 EL VEDADO WEST PALM BEACH. FL 33405

## FEI Number: 88-0861425

## Name and Address of Current Registered Agent:

RENOIT, WIVELSON 819 EL VEDADO WEST PALM BEACH, FL 33405 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

#### Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED MEMBER
Name	RENOIT, WIVELSON	Name	RENOIT, BILNIE
Address	819 EL VEDADO	Address	819 EL VEDADO
City-State-Zip:	WEST PALM BEACH FL 33405	City-State-Zip:	WEST PALM BEACH FL 33405

Date

FILED Apr 05, 2023 Secretary of State 5087623849CC

Certificate of Status Desired: No

MANAGER

Date