

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000094743

**FILED**  
**Aug 30, 2011**  
**Secretary of State**

**Entity Name:** THE MAILBOX DOCTOR LLC

**Current Principal Place of Business:**

111 SE 8 AVENUE  
UNIT 703  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 SE 8 AVENUE  
UNIT 703  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

**FEI Number:** 27-3518360      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRIA, DUANE P  
111 SE 8 AVENUE  
UNIT 703  
FORT LAUDERDALE, FL 33301 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:** BRIA, DUANE P  
**Address:** 111 SE 8 AVENUE, UNIT 703  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

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: DUANE P BRIA      MGRM      08/30/2011

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