

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000048793

**Entity Name:** FOXX MORTGAGE DOCTOR, LLC

**Current Principal Place of Business:**

103 W. HAMILTON AVE.  
TAMPA, FL 33604

**Current Mailing Address:**

103 W. HAMILTON AVE.  
TAMPA, FL 33604 US

**FEI Number:** 76-0792369

**Certificate of Status Desired:** No

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

FOXX, GEORGE J  
103 W HAMILTON AVE  
TAMPA, FL 33613 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 FOXX, GEORGE J  
Address 103 W HAMILTON AVE  
City-State-Zip: TAMPA FL 33604

*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:** DR GEORGE FOXX

MGM

01/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date