

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001381

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: THE BUGGY DOCTOR LLC

**Current Principal Place of Business:**

3400 N.W. 46TH STREET  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3400 N.W. 46TH STREET  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CUERVO, GUILLERMO  
14860 SW 167 ST  
MIAMI, FL 33187 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALONSO, LEONEL  
Address: 3061 N.W. 18TH STREET  
City-St-Zip: MIAMI, FL 33125

Title: MGRM ( ) Delete  
Name: CUERVO, GUILLERMO  
Address: 14860 S.W. 167TH STREET  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: GUILLERMO CUERVO

MGRM

04/29/2005

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