

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008205

FILED
Aug 27, 2007
Secretary of State

Entity Name: DR. LAING LLC

Current Principal Place of Business:

7750 TAFT STREET, #4
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

7868 N.W. 17TH PLACE
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 43-2011706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAING, CHARMAINE
7868 NW 17TH PLACE
PEMBROKE PINES, FL 33024 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 () Delete
Name: LAING, CHARMAINE
Address: 7868 NW 17TH PLACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: LAING, DULCIE
Address: 1418 NE 150 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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 exemption stated in Chapter 119, 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: CHARMAINE LAING

MGR

08/27/2007

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