

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030129

FILED
Mar 14, 2005
Secretary of State

Entity Name: DOODLEDUDS, LLC

Current Principal Place of Business:

2009 FOREST GLEN COURT
TALLAHASSEE, FL 32303

New Principal Place of Business:

536 MOSS VIEW WAY
TALLAHASSEE, FL 32312

Current Mailing Address:

2009 FOREST GLEN COURT
TALLAHASSEE, FL 32303

New Mailing Address:

536 MOSS VIEW WAY
TALLAHASSEE, FL 32312

FEI Number: 16-1679609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, SARA F
2009 FOREST GLEN COURT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

BARBER, SARA F
536 MOSS VIEW WAY
TALLAHASSEE, FL 32312 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: _____

03/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BARBER, SARA
Address: 2009 FOREST GLEN COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: SHELTON, SUSAN
Address: 1606 LONGLEAF DR.
City-St-Zip: BAINBRIDGE, GA 39819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARBER, SARA
Address: 536 MOSS VIEW WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change () Addition
Name: SHELTON, SUSAN
Address: 1403 DOUGLAS DRIVE
City-St-Zip: BAINBRIDGE, GA 39819

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: SARA BARBER

MGRM

03/14/2005

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