

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000061427

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

**Entity Name:** DOC RIDER'S WOODWORKS LLC

**Current Principal Place of Business:**

4966 HARVEY GRANT ROAD  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

3603 CARDINAL POINT DR STE 01  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 73-1717400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOPER, ALBERT L ACCT  
323 BRIER ROSE LANE  
ORANGE PARK, FL 32065 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:** LEONARD KEITH RIDER  
**Address:** 4966 HARVEY GRANT ROAD  
**City-St-Zip:** ORANGE PARK, FL 32003

**Title:** MGRM  
**Name:** GRUEN, AMY  
**Address:** 4966 HARVEY GRANT ROAD  
**City-St-Zip:** ORANGE PARK, FL 32003

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:** AMY GRUEN

MNG

03/30/2011

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