

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000063706

1. Entity Name  
DOUG'S VACUUM CENTER, LLC



Principal Place of Business  
604 BRONOUGH ST  
TALLAHASSEE, FL 32301

Mailing Address  
604 BRONOUGH ST  
TALLAHASSEE, FL 32301

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



07292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3444436

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FISHER, DOUGLAS S  
604 BRONOUGH ST  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FISHER, DOUGLAS S  
604 BRONOUGH ST  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000957776  
08/18/08-80002-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Doug Fisher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/15/8 850 222 1423  
Date Daytime Phone #