

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000407

Entity Name: EVENT DOCTORS, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

301 GOOLSBY BLVD  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1455 OCEAN DRIVE, SUITE 1208  
MIAMI, FL 33139

**New Mailing Address:**

301 GOOLSBY BLVD  
DEERFIELD BEACH, FL 33442

FEI Number: 20-2220687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARLEN, ROBERT M  
C/O ROY P. KOZUPSKY & ASSOC. LLP  
110 E. ATLANTIC AVE., SUITE 330  
DELRAY BEACH, FL 33444 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: SHAFRON, DAVID  
Address: 1415 20TH ST #601  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: SHAFRON, TOM  
Address: 1455 OCEAN DRIVE, SUITE 1208  
City-St-Zip: MIAMI BEACH, FL 33139

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: DAVID SHAFRON

MGRM

04/27/2011

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