

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051836

Entity Name: THE CAULK DOCTOR, LLC

FILED  
Jul 25, 2008  
Secretary of State

**Current Principal Place of Business:**

3833 HIDEAWAY LANE  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 952  
ORANGE PARK, FL 32067

**New Mailing Address:**

FEI Number: 20-3027232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

DAVIS, JAMES H MR.  
3833 HIDEAWAY LANE  
MIDDLEBURG, FL 32068      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.      ( ) Delete  
Name: DAVIS, JAMES H  
Address: 3833 HIDEAWAY LANE  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES:**

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: JAMES H. DAVIS

MR.

07/25/2008

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