

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000083034

1. Entity Name
MOLD DOCTORS OF AMERICA, LLC



Principal Place of Business
3123 JOHNS PARKWAY
CLEARWATER, FL 33759 US

Mailing Address
3123 JOHNS PARKWAY
CLEARWATER, FL 33759 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5/14/2007-90370-024-\$50.00-\$50.00/
9/6/2007-90037-025-\$50.00-\$50.00

FEI# 07 OCT 25 13.431.2099 07



09042007 Chg-LLC CR2E083 (12/06)

4. Filing Number 13-431-2099 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIGHT, MICHAEL M
3123 JOHNS PARKWAY
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ENRIGHT, MICHAEL M
STREET ADDRESS 3123 JOHNS PARKWAY
CITY- ST- ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME ENRIGHT, JAMES M
STREET ADDRESS 3123 JOHNS PARKWAY
CITY- ST- ZIP CLEARWATER, FL 33759 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME ENRIGHT, PATRICIA
STREET ADDRESS 3123 JOHNS PARKWAY
CITY- ST- ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Deputy Name

for Mold Doctors of America LLC 9/3/07 727-224-9611