


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000098712 1. Entity Name MOLD DOCTOR, LLC	
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Principal Place of Business 9484 GRANITE RIDGE LN WEST PALM BEACH, FL 33411	Mailing Address 9484 GRANITE RIDGE LN WEST PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



06012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 22-3954080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SURDI, RAYMOND A 9484 GRANITE RIDGE LN WEST PALM BEACH, FL 33411
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**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**

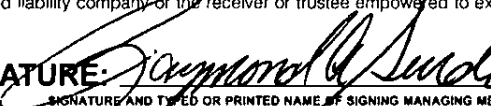
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURDI, RAYMOND A 2753 VISTA PARKWAY WEST PALM BEACH, FL 33411
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06/05/08-80004-006 143.75

**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:  **RAYMOND A. SURDI** **5/31/08-561-790-7543**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #