

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000006377

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** DOCTOR SILVER WATER LLC

**Current Principal Place of Business:**

5036 DR. PHILLIPS BLVD.  
SUITE 179  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5036 DR. PHILLIPS BLVD.  
SUITE 179  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 02-0781419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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:** MGR  
**Name:** TURNER, KENNETH  
**Address:** 1700 W. MARKET STREET, SUITE 174  
**City-St-Zip:** AKRON, OH 443137002

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: KENNETH TURNER

MGR

04/22/2011

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