


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 014 ***138.75

DOCUMENT # L06000041958			
1. Entity Name WALL DOC, LLC			
Principal Place of Business 3913 S. SHADE AVE SARASOTA, FL 34239		Mailing Address P.O. BOX 19319 SARASOTA, FL 34276	
2. Principal Place of Business - No P.O. Box # 3913 S. Shade Ave.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State	
Zip 34231	Country	Zip	Country
6. Name and Address of Current Registered Agent CALDWELL, ROGER 3913 S. SHADE AVE SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name: Michael Eldridge Street Address (P.O. Box Number is Not Acceptable) 3913 S. Shade Ave. City: Sarasota FL Zip Code: 34231	
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] x 4-28-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALDWELL, ROGER 3913 S. SHADE AVE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgrm Michael Eldridge 3913 S. Shade Ave. Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWENS, JEFF 3913 S. SHADE AVE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Christopher Selesinski 4428 Diamond Circle Sarasota, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Curtis Scott Mclellan 3913 S. Shade Ave. Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]		x 4-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60038987



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4787892
Applied For
Not Applicable

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