

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043597

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** DR. AMY'S, LLC.

**Current Principal Place of Business:**

17579 ROCKEFELLER CIR  
FORT MYERS, FL 33912

**New Principal Place of Business:**

17579 ROCKEFELLER CIR  
FORT MYERS, FL 33967

**Current Mailing Address:**

17579 ROCKEFELLER CIR  
FORT MYERS, FL 33912

**New Mailing Address:**

17579 ROCKEFELLER CIR  
FORT MYERS, FL 33967

FEI Number: 20-4777914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOSECKER, AMY K  
17579 ROCKEFELLER CIR  
FORT MYERS, FL 33912 US

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

GENTSCH, AMY K  
17579 ROCKEFELLER CIR  
FORT MYERS, FL 33967 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: AMY K GENTSCH

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOSECKER, AMY K  
Address: 17579 ROCKEFELLER CIR  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GENTSCH, AMY K  
Address: 17579 ROCKEFELLER CIR  
City-St-Zip: FORT MYERS, FL 33967

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: AMY K GENTSCH

MGRM

04/30/2008

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