

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052626

FILED
Apr 30, 2009
Secretary of State

Entity Name: DOCK DOCTORS OF NORTH FLORIDA, LLC

Current Principal Place of Business:

1833 ARDEN WAY
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

1835 ARDEN WAY
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

1833 ARDEN WAY
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

1835 ARDEN WAY
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 20-4917044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, DAVID C
1833 ARDEN WAY
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

MCLAUGHLIN, DAVID C
1835 ARDEN WAY
JACKSONVILLE BEACH, FL 32250 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: DAVID C. MCLAUGHLIN

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCLAUGHLIN, DAVID C
Address: 1833 ARDEN WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCLAUGHLIN, DAVID C
Address: 1835 ARDEN WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: DAVID C. MCLAUGHLIN

MGRM

04/30/2009

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