

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056170

Entity Name: THE CART DOCTOR, L.L.C.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

6541 POWERS AVE., SUITE 5
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

PO BOX 48061
JACKSONVILLE, FL 322478061

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHUTE, MICHAEL D
6541 POWERS AVE., SUITE 5
JACKSONVILLE, FL 32217 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: MGRM () Delete
Name: CHUTE, MICHAEL D
Address: PO BOX 48061
City-St-Zip: JACKSONVILLE, FL 322478061

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHUTE, MICHAEL D.

MGRM

02/07/2007

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