2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# L06000056170

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

Current Principal Place of Business:

3511 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207

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 ( )**

Name and Address of Current Registered Agent:

CHUTE, MICHAEL D
3511 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207 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: 3511 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM ( ) Delete
Name: CHUTE, CYNTHIA K
Address: 3511 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

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

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

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: CYNTHIA K CHUTE MGRM 01/25/2009

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