

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057720

Entity Name: OFCAT, L.L.C.

FILED  
Feb 13, 2009  
Secretary of State

**Current Principal Place of Business:**

821 SE OCEAN BOULEVARD  
SUITE A  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

821 SE OCEAN BOULEVARD  
SUITE A  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 20-5156055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COEL, MARK A ESQ.  
1900 GLADES ROAD  
SUITE 350  
BOCA RATON, FL 33431 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: STRAUSS, SORRELL I D.M.D.  
Address: 821 SE OCEAN BOULEVARD, SUITE A  
City-St-Zip: STUART, FL 34994 FL

Title: MGMR ( ) Delete  
Name: STRAUSS, JAMES E D.M.D.  
Address: 821 SE OCEAN BOULEVARD, SUITE A  
City-St-Zip: STUART, FL 34994 FL

**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: SORRELL I STRAUSS

MGRM

02/13/2009

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