

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092652

Entity Name: HOUSE DOCTOR 411, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

6220 TALARIA DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

6220 TALARIA DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-5630736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MASON, SHERRY  
6220 TALARIA DRIVE  
WINDERMERE, FL 34786      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MASON, SHERRY  
Address: 6220 TALARIA DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM      (X) Delete  
Name: HOWLETT, MONIQUE  
Address: 3432 KING GEORGE DR.  
City-St-Zip: ORLANDO, FL 32835

**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: SHERRY MASON

MGMR

05/01/2007

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