

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033031

FILED
Apr 22, 2008
Secretary of State

Entity Name: DOODLEBUG'S OF CAPE CORAL, LLC

Current Principal Place of Business:

921 NE 7TH STREET
CAPE CORAL, FL 33909

New Principal Place of Business:

917 NE 7TH STREET
CAPE CORAL, FL 33909

Current Mailing Address:

921 NE 7TH STREET
CAPE CORAL, FL 33909

New Mailing Address:

917 NE 7TH STREET
CAPE CORAL, FL 33909

FEI Number: 39-2052846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROOSA, RICHAR
1714 CAPE CORAL PKWY E
CAPE CORAL, FL 33904 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: HILL, WENDY
Address: 1703 SW 54TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: SHIFMAN, SARAH
Address: 1305 SW 18TH AVE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HILL, WENDY S
Address: 1703 SW 54TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change () Addition
Name: SHIFMAN, SARAH A
Address: 1616-102 W. CAPE CORAL PKWY PMB # 221
City-St-Zip: CAPE CORAL, FL 33914

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: SARAH ALEXIS SHIFMAN

MGR

04/22/2008

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