


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90029 042 \*\*\*138.75

<b>DOCUMENT # L07000052109</b>	
1. Entity Name 30A HOME DOCTORS, LLC	

Principal Place of Business 154 ANCHOR RD. FREEPORT, FL 32439 US	Mailing Address 154 ANCHOR RD. FREEPORT, FL 32439 US
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60034309



2. Principal Place of Business - No P.O. Box # <del>P.O. Box 1081</del> Suite, Apt. #, etc. 40 Grey Rd. lot #3	3. Mailing Address P.O. Box 1081 Suite, Apt. #, etc.
City & State Freeport Florida	City & State Freeport Florida
Zip 32439	Country WATON

01182008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  PIKE, MICHAEL C 154 ANCHOR RD. FREEPORT, FL 32439	
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7. Name and Address of New Registered Agent Name: Michael C. Pike Street Address (P.O. Box Number is Not Acceptable): 40 Grey Rd. lot #3 City: Freeport FL 32439	
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8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: Pike, Michael C. Michael C. Pike 4/28/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIKE, MICHAEL C 154 ANCHOR RD. FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Pike, Michael C 40 Grey Rd. lot #3 Freeport FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COCHRAN, RICHARD G 246 GARDEN LANE DR. SANTA ROSA BCH., FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Michael C. Pike 4/28/08 850-533-0182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #