2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000060940

Entity Name: DOCKIE'S DONE, LLC

Current Principal Place of Business:

880 NW 13TH STREET
1B
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

880 NW 13TH STREET
1B
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KARL, MITCHELL M. D.
880NW 13TH STREET
1B
BOCA RATON, FL 33486 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:	KARL, MITCHELL	
Address:	880 NW 13TH STREET	
City-St-Zip:	BOCA RATON, FL 33486 US	
Title:	MGRM	( ) Delete
Name:	SCHONBERGER, CYNTHIA	
Address:	430 SHORE ROAD	
City-St-Zip:	LONG BEACH, NY 11561 US	
Title:	MGRM	( ) Delete
Name:	SCHONBERGER, MARC	
Address:	4059 PINEWOOD LANE	
City-St-Zip:	WESTON, FL 33331 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MITCHELL KARL DR. 03/20/2009

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