

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103387

FILED
Mar 20, 2009
Secretary of State

Entity Name: DOC PATEL, LLC

Current Principal Place of Business:

10875 CORY LAKE DR.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10875 CORY LAKE DR.
TAMPA, FL 33647

New Mailing Address:

FEI Number: 37-1552407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, KAMAL
10875 CORY LAKE DR.
TAMPA, FL 33647 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: MGR () Delete
Name: PATEL, KAMAL
Address: 10875 CORY LAKE DR.
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: PATEL, RAJ
Address: 13237 SOBRADO DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: PATEL, DIVYALATA
Address: 14423 TAMBERINE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: PATEL, RAJVI
Address: 3517 COWDEN AVE.
City-St-Zip: AUSTIN, TX 78732

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:

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: KAMAL PATEL

MGR

03/20/2009

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