

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104712

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE CLOSET DOCTOR, LLC

Current Principal Place of Business:

5100 NW 15TH STREET
SUITE A
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5100 NW 15TH STREET
SUITE A
MARGATE, FL 33063

New Mailing Address:

FEI Number: 51-0654666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAHLE, CRAIG D
838 SE 20TH AVE
DEERFIELD BEACH, FL 33441 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: P () Delete
Name: VAHLE, CRAIG D
Address: 838 SE 20TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP (X) Delete
Name: COLVIN, DEBRA L
Address: 2321 S 32ND ST
City-St-Zip: QUINCY, IL 62301

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: CRAIG VAHLE

P

04/24/2009

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