

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026158

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** RESURFACE DOCTOR LLC

**Current Principal Place of Business:**

307 PLYMOUTH AVE  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

307 PLYMOUTH AVE  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 20-2471963      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEITH, EDWIN C  
307 PLYMOUTH AVE  
FORT WALTON BEACH, FL 32547 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  
**Name:** KEITH, EDWIN C  
**Address:** 307 PLYMOUTH AVE  
**City-St-Zip:** FORT WALTON BEACH, FL 32547

I hereby 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: E. CRAIG KEITH

MR.

04/27/2010

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