

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063852

FILED
Jan 31, 2009
Secretary of State

Entity Name: THE STROLLER DOCTOR, LLC

Current Principal Place of Business:

9334 SW 56 ST
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9334 SW 56 ST
MIAMI, FL 33165

New Mailing Address:

FEI Number: 26-2968850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABAG, YITSHAK
9334 SW 56 ST
MIAMI, FL 33165 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: SABAG, YITSHAK
Address: 9334 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Delete
Name: SABAG, LEE
Address: 9334 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Delete
Name: SABAG, JOSEPH
Address: 9334 SW 56 ST
City-St-Zip: MIAMI, FL 33165

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: LEE SABAG

MGRM

01/31/2009

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