# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# L08000104746

**Entity Name:** DOCTOR CREDIT AUTOMOTIVE, LLC

**Current Principal Place of Business:**

7948 BAYMEADOWS WAY, SUITE 300
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7948 BAYMEADOWS WAY
SUITE 300
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7948 BAYMEADOWS WAY, SUITE 300
JACKSONVILLE, FL 32256

**New Mailing Address:**

7948 BAYMEADOWS WAY
SUITE 300
JACKSONVILLE, FL 32256

**FEI Number: 26-3700945** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CECIL, W. JEFFREY ESQ.
5801 PELICAN BAY BLVD., SUITE 300
NAPLES, FL 34108 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition
Name: CARLTON, EDWARD
Address: 7948 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

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: EDWARD CARLTON MR. 04/22/2009

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