

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038195

Entity Name: DR. ROUNDS, LLC

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2880 NE 14TH ST  
APT 501  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

2880 NE 14TH ST  
APT 501  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 80-0393247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SADER, CAMIL  
2880 NE 14TH ST  
APT 501  
POMPANO BEACH, FL 33062 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: SADER, CAMIL  
Address: 2880 NE 14TH STREET, APT 501  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM  
Name: LEECHEE-SADER, TATIANA  
Address: 2880 NE 14TH STREET, APT 501  
City-St-Zip: POMPANO BEACH, FL 33062 US

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: CAMIL SADER

MGR

03/14/2011

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