

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076453

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** HYPNOTIST DOUG MACCRAW, L.L.C.

**Current Principal Place of Business:**

205 W WASHINGTON ST STA A  
MINNEOLA, FL 34755

**New Principal Place of Business:**

**Current Mailing Address:**

205 W WASHINGTON ST STA A  
MINNEOLA, FL 34755

**New Mailing Address:**

**FEI Number:** 80-0457984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBRIG, ELWOOD M  
635 W HWY 50 STE A  
CLERMONT, FL 34711 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: MGRM  
Name: MACCRAW, DOUGLAS A  
Address: 205 W WASHINGTON ST STA A  
City-St-Zip: MINNEOLA, FL 34755

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: DOUGLAS MACCRAW

MGRM

01/29/2010

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