

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102711

Entity Name: TRASH DOCTOR, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3209 CLINT MOORE RD #105  
BOCA RATON, FL 33496

**New Principal Place of Business:**

3209 CLINT MOORE RD ,  
105  
BOCA RATON, FL 33496

**Current Mailing Address:**

3209 CLINT MOORE RD #105  
BOCA RATON, FL 33496

**New Mailing Address:**

3209 CLINT MOORE RD ,  
105  
BOCA RATON, FL 33496

FEI Number: 27-1173617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOODY ACCOUNTING SERVICES INC  
160 S UNIVERSITY DR SUITE E  
PLANTATION, FL 33324 US

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

CASSAVITIS, ROBERT  
3209 CLINTMOORE RD  
105  
BOCA RATON, FL 33496 US

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: ROBERT CASSAVITIS

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: CASSAVITIS, ROBERT  
Address: 3209 CLINT MOORE ROAD, #105  
City-St-Zip: BOCA RATON, FL 33496

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: ROBERT CASSAVITIS

PREZ

04/30/2010

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