

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002939

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** CALL THE COMPUTER DOCTOR LLC

**Current Principal Place of Business:**

2503 FOGARTY AVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

1702 N. ROOSEVELT BLVD  
SUITE 201  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 4231  
KEY WEST, FL 33041 US

**New Mailing Address:**

**FEI Number:** 27-1635036      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SMITH-MARTIN, ROBIN  
2503 FOGARTY AVE  
KEY WEST, FL 33040 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:** SMITH-MARTIN, ROBIN  
**Address:** 2503 FOGARTY AVE  
**City-St-Zip:** KEY WEST, FL 33040 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: ROBIN SMITH-MARTIN      MGMR      03/18/2011

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