

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000047689

**FILED  
Apr 11, 2011  
Secretary of State**

**Entity Name:** DOCTOR HEADLIGHT JACKSONVILLE, LLC

**Current Principal Place of Business:**

304 PINWOOD CT  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

304 PINWOOD CT  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 80-0453973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAROCHE, GEORGE T  
304 PINWOOD CT  
JACKSONVILLE, FL 32259 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: LAROCHE, GEORGE T  
Address: 304 PINWOOD CT  
City-St-Zip: JACKSONVILLE, FL 32259

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: GEORGE T. LAROCHE

MGRM

04/11/2011

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