

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091478

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** DOVE'S HEALTH & RELIGIOUS STORE LLC

**Current Principal Place of Business:**

6100 WEST COLONIAL  
UNIT #5  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

3959 TOWN CENTER BLVD  
#509  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 32-0317169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRANT, ADMA I  
2564 CHAPALA DRIVE  
KISSIMMEE, FL 34747 US

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

GRANT, ADMA I  
3956 TOWN CENTER BLVD  
#509  
ORLANDO, FL 32837 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:** ADMA GRANT

04/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GRANT, ADMA I  
**Address:** 3956TOWN CENTER BLVD  
**City-St-Zip:** ORLANDO, FL 32837 FL

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:** ADMA GRANT

MGR

04/05/2011

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