

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000124787

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TROUT DOCTOR LLC

**Current Principal Place of Business:**

3285 LAKE WORTH RD  
STE I  
PALM SPRINGS, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

6169 JOG ROAD  
STE C11A #101  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

6586 HYPOLUXO RD STE 101  
LAKE WORTH, FL 33467 US

**FEI Number:** 27-4557099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCIS, ALVIN K  
6169 JOG ROAD  
STE C11A #101  
LAKE WORTH, FL 33467 US

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

FRANCIS, ALVIN K  
6586 HYPOLUXO RD STE 101  
LAKE WORTH, FL 33467 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: ALVIN FRANCIS

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FRANCIS, ALVIN K  
Address: 6586 HYPOLUXO RD STE 101  
City-St-Zip: LAKE WORTH, FL 33467 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: ALVIN FRANCIS

MGRM

04/30/2012

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