

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035173

Entity Name: ATTIC DOCTOR, LLC

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

419 N. CYPRESS DR  
SUITE 14-F  
TEQUESTA, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10617  
RIVIERA BEACH, FL 33419 US

**New Mailing Address:**

FEI Number: 45-2798186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CATES, CHRISTIAN B  
419 N. CYPRESS DR  
SUITE 14-F  
TEQUESTA, FL 33469 US

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

CATES, JAMES L  
3601 PROSPECT AVENUE  
RIVIERA BEACH, FLORIDA, FL 33404 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: JAMES L CATES

02/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: CATES, CHRISTIAN B  
Address: 419 N. CYPRESS DR, SUITE 14-F  
City-St-Zip: TEQUESTA, FL 33469 US

Title: D  
Name: CATES, JAMES L  
Address: 3601 PROSPECT AVENUE  
City-St-Zip: RIVIERA BEACH, FL 33404

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: CHRISTIAN B CATES

PRES

02/02/2012

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