

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000896

FILED
Feb 02, 2008
Secretary of State

Entity Name: THE LAW OFFICES OF TIMOTHY M. DOUD, A LIMITED COMPANY

Current Principal Place of Business:

6133 US HWY 19 N
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1777
TARPON SPRING, FL 34688

New Mailing Address:

FEI Number: 59-3485062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUD, TIMOTHY M ESQ.
6133 US HWY 19 N,
NEW PORT RICHEY, FL 34652 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 () Delete
Name: DOUD, TIMOTHY M ESQ.
Address: 6133 US HWY 19 N
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: DOUD, TIMOTHY M
Address: 6133 US HWY 19 N
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY M DOUD, ESQ.

MGRM

02/02/2008

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