

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000896

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

5331 COMMERCIAL WAY  
SUITE 204  
SPRING HILL, FL 34606

**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.  
5331 COMMERCIAL WAY  
SUITE 204  
SPRING HILL, FL 34606 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: DOUD, TIMOTHY M ESQ.  
Address: 5331 COMMERCIAL WAY SUITE 204  
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM  
Name: DOUD, TIMOTHY M  
Address: 5331 COMMERCIAL WAY SUITE 204  
City-St-Zip: SPRING HILL, FL 34606

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: TIMOTHY M. DOUD

MGRM

01/18/2010

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