## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000104287

Entity Name: 12-PLEX, LLC

**Current Principal Place of Business:** 

1348 E. HILLSBORO BLVD.

#12

DEERFIELD BEACH, FL 33441

**Current Mailing Address:** 

1348 E. HILLSBORO BLVD.

#12

DEERFIELD BEACH, FL 33441

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADELSON, CHARLES 7737 N. UNIVERSITY DR. TAMARAC, FL 33321 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:

Electronic Signature of Registered Agent

Date

**FILED** Jan 07, 2015

**Secretary of State** 

CC4089171622

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

ADELSON INST. FOR ESTHETICS & FLORIDA DEVELOPMENT CO, LLC Name Name

Address

IMPLANT DENT

Address 7737 N. UNIVERSITY DR. DEERFIELD BEACH FL 33441 City-State-Zip:

City-State-Zip: TAMARAC FL 33321

1348 E. HILLSBORO BLVD.

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/07/2015 SIGNATURE: CHARLES ADELSON **MGRM**