

**2013 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ADELSON INST. FOR ESTHETICS &  
IMPLANT DENT  
Address 7737 N. UNIVERSITY DR.  
City-State-Zip: TAMARAC FL 33321

Title MGRM  
Name FLORIDA DEVELOPMENT CO, LLC  
Address 1348 E. HILLSBORO BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33441

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES ADELSON

**MGRM**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date