## 2016 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

### Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

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 :
 Date

Title	MGRM	Title	MGRM
Name	ADELSON INST. FOR ESTHETICS &	Name	FLORIDA DEVELOPMENT CO, LLC
Addroop	IMPLANT DENT 7737 N. UNIVERSITY DR.	Address	1348 E. HILLSBORO BLVD.
Address	737 N. UNIVERSITY DR.	City-State-Zip:	DEERFIELD BEACH FL 33441
City-State-Zip:	TAMARAC FL 33321		

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.

SIGNATURE: ALEXANDER BERKOVICH

OWNER

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 09, 2016 Secretary of State CC0707445181