

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000001059

**Entity Name:** DEL AMO & MELLADO, L.L.C.

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1800 WEST 49TH STREET, SUITE 105  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1800 WEST 49TH STREET, SUITE 105  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0975547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL AMO, CARLOS C  
2211 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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:** DEL AMO, RAMIRO E DMD  
**Address:** 1800 W. 49ST #105  
**City-St-Zip:** HIALEAH, FL 33012

**Title:** MGR  
**Name:** MELLADO, JOSE R D.M.D  
**Address:** 1800 W. 49ST #105  
**City-St-Zip:** HIALEAH, FL 33012

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:** DEL AMO RAMIRO

MGRM

03/05/2012

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