

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006767

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** MARIO F. MOQUETE, M.D., LLC

**Current Principal Place of Business:**

809 E OAK STREET  
201  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 421870  
KISSIMMEE, FL 34742

**New Mailing Address:**

**FEI Number:** 75-3029941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOQUETE, MARIO F  
8361 VIA ROSA  
ORLANDO, FL 32836 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: MGR  
Name: MOQUETE, MARIO F  
Address: 8361 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836

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: MARIO MOQUETE

MGR

01/15/2011

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