

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008702

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** R. D. LIPPERT & ASSOCIATES, LLC

**Current Principal Place of Business:**

1096 RAINER DRIVE  
STE. 1001  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160129  
ALTAMONTE SPRINGS, FL 327160129

**New Mailing Address:**

**FEI Number:** 42-1578690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIPPERT, RICHARD D MR.  
1096 RAINER DRIVE  
STE 1001  
ALTAMONTE SPRINGS, FL 32714 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:** LIPPERT, RICHARD D JR.  
**Address:** 206 WESSEX RD.  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** VP  
**Name:** LIPPERT, KAREN E  
**Address:** 206 WESSEX RD  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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:** KAREN LIPPERT

VP

03/28/2012

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