

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000000540

1. Entity Name

AMERICAN UROLOGICAL ENTERPRISES, L.L.C.



FILED
Mar 19, 2007 08:00 AM
Secretary of State

Principal Place of Business

1986 35TH AVE
VERO BEACH FL 32960

Mailing Address

1986 35TH AVE
VERO BEACH FL 32960



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2443078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD., SUITE A210
VERO BEACH FL 32960-7103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
CRAWFORD, JOSEPH P
1820 43RD AVENUE, SUITE ONE
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
HULECKI, STEVEN
1820 43RD AVENUE, SUITE ONE
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
SHEA, MIKE
1820 43RD AVENUE, SUITE ONE
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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CITY ST ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
U00000670135
03/27/07-80100-015 50.00
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #