# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 08, 2012**
**Secretary of State**

DOCUMENT# L04000014309

**Entity Name:** DR. JEFFREY M. KIM, D.D.S., LLC

**Current Principal Place of Business:**

4570 S. CLYDE MORRIS BLVD.
STE. 1
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

4570 S. CLYDE MORRIS BLVD.
STE. 1
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number: 02-0718191** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KIM, JEFFREY M
4570 S. CLYDE MORRIS BLVD.
STE. 1
PORT ORANGE, FL 32129 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: KIM, JEFFREY M D.D.S.
Address: 4570 S. CLYDE MORRIS BLVD. STE. 1
City-St-Zip: PORT ORANGE, FL 32129

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 Statues.

SIGNATURE: JEFFREY KIM OWNE 02/08/2012

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