

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000048396

**Entity Name:** LEANNE CROSS, M.D., LLC

**FILED**  
**Jun 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3710 AZEELE ST.  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

1045 COMMODORE ST.  
CLEARWATER, FL 33755 US

**New Mailing Address:**

**FEI Number:** 27-0302824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSS, LEANNE M  
1045 COMMODORE ST.  
CLEARWATER, FL 33755 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:** CROSS, LEANNE M  
**Address:** 1045 COMMODORE ST.  
**City-St-Zip:** CLEARWATER, FL 33755 US

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:** LEANNE CROSS

MGR

06/25/2011

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