

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054052

**FILED**  
**May 14, 2012**  
**Secretary of State**

**Entity Name:** LEE A. DANIELS, DMD, LLC

**Current Principal Place of Business:**

18201 WIMBLEDON GREEN PL  
TAMPA, FL 33647 US

**New Principal Place of Business:**

2112 ASHLEY OAKS CIRCLE  
WESLEY CHAPEL, FL 33543 US

**Current Mailing Address:**

18201 WIMBLEDON GREEN PL  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 20-1390659      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DANIELS, LEE A  
18201 WIMBLEDON GREEN PL  
TAMPA, FL 33647 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:** DANIELS, LEE A  
**Address:** 18201 WIMBLEDON GREEN PL  
**City-St-Zip:** TAMPA, FL 33647 US

**Title:** MGRM  
**Name:** DANIELS, STACEY D  
**Address:** 18201 WIMBLEDON GREEN PL  
**City-St-Zip:** TAMPA, FL 33647 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:** STACEY DANIELS

MGRM

05/14/2012

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