

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000005629

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** EUROPEAN MESOCENTRE, LLC

**Current Principal Place of Business:**

2100 VIA BELLA BLVD  
SUITE 101B  
LAND O'LAKES, FL 34639

**New Principal Place of Business:**

19401 SHUMARD OAK DRIVE  
LAND O'LAKES, FL 34638

**Current Mailing Address:**

2100 VIA BELLA BLVD  
SUITE 101B  
LAND O'LAKES, FL 34639

**New Mailing Address:**

19401 SHUMARD OAK DRIVE  
LAND O'LAKES, FL 34638

**FEI Number:** 20-2174591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRASURE, BEATRIX  
2100 VIA BELLA BLVD  
SUITE 101B  
LAND O'LAKES, FL 34639 US

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

FRASURE, BEATRIX  
19401 SHUMARD OAK DRIVE  
LAND O'LAKES, FL 34638 US

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: BEATRIX FRASURE

02/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS.  
Name: FRASURE, BEATRIX  
Address: 19401 SHUMARD OAK DRIVE  
City-St-Zip: LAND O'LAKES, FL 34638

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: BEATRIX FRASURE

MS

02/10/2012

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