

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120684

Entity Name: AV & AV PROPERTIES LLC

FILED  
Mar 14, 2012  
Secretary of State

## Current Principal Place of Business:

1667 NORTH CLYDE MONRIS BLVD  
SUITE 1&2  
DAYTONA BEACH, FL 32117 US

## Current Mailing Address:

1667 NORTH CLYDE MONRIS BLVD  
SUITE 1&2  
DAYTONA BEACH, FL 32117 US

## New Principal Place of Business:

1667 NORTH CLYDE MORRIS BLVD  
SUITE 1&2  
DAYTONA BEACH, FL 32117 US

## New Mailing Address:

1667 NORTH CLYDE MORRIS BLVD  
SUITE 1&2  
DAYTONA BEACH, FL 32117 US

FEI Number: 20-3972687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNOLD VERA M.D. M.SC., P.A.  
1667 NORTH CLYDE MONRIS BLVD  
SUITE 1&2  
DAYTONA BEACH, FL 32117 US

## Name and Address of New Registered Agent:

ARNOLD VERA M.D. M.SC., F.A.C.E., C.D.E.  
1667 NORTH CLYDE MORRIS BLVD  
SUITE 1&2  
DAYTONA BEACH, FL 32117 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: ARNOLD VERA, M.D., M.SC., F.A.C.E., C.D.E.

03/14/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: ARNOLD VERA M.D. M.SC. F.A.C.E.  
Address: 1667 NORTH CLYDE MORRIS BLVD #1&2  
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGR  
Name: ANNY VERA D.D.S., M. SC.  
Address: 1667 NORTH CLYDE MORRIS BLVD #1&2  
City-St-Zip: DAYTONA BEACH, FL 32117 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: ARNOLD VERA, M.D., M.SC., F.A.C.E., C.D.E.

MGMR

03/14/2012

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