

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000030673

Entity Name: EQUITRANSFER, L.L.C.

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17454 SOUTH HIGHWAY 475  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 770  
SUMERFIELD, FL 34492

**New Mailing Address:**

FEI Number: 13-4238877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVILA, JOSE R  
17454 SOUTH HIGHWAY 475  
SUMMERFIELD, FL 34491 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: DR.  
Name: RAMIREZ, FRANCES M  
Address: 17454 S HWY 475  
City-St-Zip: SUMMERFIELD, FL 34491

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: FRANCES M. RAMIREZ

DR.

01/23/2012

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