

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000082289

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** ALLAMANDA PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

202 ALLAMANDA DR.  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

202 ALLAMANDA DR.  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 20-5377916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIEL MEDINA, P.A.  
902 SOUTH FLORIDA AVE., SUITE 101  
LAKELAND, FL 33803 US

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

DANIEL MEDINA, P.A.  
902 SOUTH FLORIDA AVE., SUITE 101  
LAKELAND,, FL 33803 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:

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TUCKER, JOHN O  
Address: 202 ALLAMANDA DR.  
City-St-Zip: LAKELAND, FL 33803

Title: MGR  
Name: TUCKER, JANE  
Address: 202 ALLAMANDA DR.  
City-St-Zip: LAKELAND, FL 33803

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: JOHN O. TUCKER

MGR

01/12/2011

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