

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098849

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** ARAGON, PLLC

**Current Principal Place of Business:**

241 NOKOMIS AVENUE SOUTH  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

241 NOKOMIS AVENUE SOUTH  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 20-5733319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, JULIO  
241 NOKOMIS AVE S  
VENICE, FL 34285 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: GONZALEZ, JULIO M.D.  
Address: 241 NOKOMIS AVENUE SOUTH  
City-St-Zip: VENICE, FL 34285

Title: MGRM  
Name: ARABITG, GINA M.D.  
Address: 241 NOKOMIS AVENUE S  
City-St-Zip: VENICE, FL 34285

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: JULIO GONZALEZ, MD

MGRM

04/16/2012

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