

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000016683

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** EASLEY APPELLATE PRACTICE PLLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 45-0550619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EASLEY, DOROTHY F  
4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 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:** EASLEY, DOROTHY F  
**Address:** 4000 PONCE DE LEON BLVD., SUITE 470  
**City-St-Zip:** CORAL GABLES, FL 33146 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: DOROTHY F. EASLEY

MGR

03/14/2011

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