

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060709

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

**Entity Name:** VICTOR J. GRASSO, D.D.S., PLLC

**Current Principal Place of Business:**

5224 OLD GALLOWS WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

5224 OLD GALLOWS WAY  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HL STATUTORY AGENT, INC.  
800 LAUREL OAK DRIVE  
#600 M&I BUILDING  
NAPLES, FL 34108 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: MGR  
Name: GRASSO, VICTOR J DDS  
Address: 5224 OLD GALLOWS WAY  
City-St-Zip: NAPLES, FL 34105

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: VICTOR J GRASSO DDS

MGR

02/23/2012

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