

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115332

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** THOMAS SHREEVE, M.D., LLC

**Current Principal Place of Business:**

724 GOLF DRIVE  
VENICE, DE 34285

**New Principal Place of Business:**

**Current Mailing Address:**

8 RODNEY ST  
REHOBOTH BEACH, DE 19971

**New Mailing Address:**

12 SURF AVE  
LEWES, DE 19958

**FEI Number:** 26-1508614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHREEVE, THOMAS L M.D.  
724 GOLF DRIVE  
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: PRES  
Name: SHREEVE, THOMAS L M.D.  
Address: 12 SURF AVE  
City-St-Zip: LEWES, DE 19958

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: THOMAS SHREEVE

PRES

01/07/2012

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