

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006650

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** JOSEPH N. GRIMAUDO, DMD, PL

**Current Principal Place of Business:**

17200 CAMELOT CT.  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

17200 CAMELOT CT.  
LAND O LAKES, FL 34638

**New Mailing Address:**

**FEI Number:** 26-1866271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIMAUDO, JOSEPH N  
16410 NIKKI LANE  
ODESSA, FL 33556 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:** DR  
**Name:** GRIMAUDO, JOSEPH N DMD  
**Address:** 17200 CAMELOT COURT  
**City-St-Zip:** LAND O LAKES, FL 34638

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:** JOSEPH N GRIMAUDO

DR

01/12/2012

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