

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030966

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

**Entity Name:** XHOANA GJELAJ, D.M.D., PLLC

**Current Principal Place of Business:**

1779 S PINELLAS AVE  
SUITE 100  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

1779 S PINELLAS AVE  
SUITE 100  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 26-2325837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GJELAJ, XHOANA DR  
1779 S PINELLAS AVE  
SUITE 100  
TARPON SPRING, FL 34689 US

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

GJELAJ, XHOANA DMD  
1779 S PINELLAS AVE  
SUITE 100  
TARPON SPRING, FL 34689 US

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:** XHOANA GJELAJ DMD

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GJELAJ, XHOANA DMD  
**Address:** 1779 S PINELLAS AVE, SUITE 100  
**City-St-Zip:** TARPON SPRINGS, FL 34689 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:** XHOANA GJELAJ DMD

MGRM

02/07/2012

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