

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 03, 2012  
Secretary of State**

DOCUMENT# L08000039028

Entity Name: LESTER GIL D.D.S., LLC

**Current Principal Place of Business:**

28125 S.W. 159 PLACE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

28125 S.W. 159 PLACE  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number: 26-2449942      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GIL, LESTER  
28125 S.W. 159 PLACE  
HOMESTEAD, FL 33033      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: GIL, LESTER  
Address: 28125 S.W. 159 PLACE  
City-St-Zip: HOMESTEAD, FL 33033

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: LESTER O GIL      MGRM      01/03/2012

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