

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065709

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** M.D. LUETGERT & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

3808 W. SAN NICHOLAS STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

1409 W SWANN AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

3808 W. SAN NICHOLAS STREET  
TAMPA, FL 33629

**New Mailing Address:**

1409 W SWANN  
TAMPA, FL 33606

**FEI Number:** 26-4202897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUETGERT, M D  
6512 SOUTH BAYSHORE BLVD.  
TAMPA, FL 33611 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: LUETGERT, MAYNARD D  
Address: 1409 W SWANN  
City-St-Zip: TAMPA, FL 33606

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: M.D. LUETGERT

PRES

01/05/2011

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