

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069241

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** LARRY L. MACKALL, M.D., LLC

**Current Principal Place of Business:**

700 CATHERINE STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

700 CATHERINE STREET  
KEY WEST, FL 33040

**New Mailing Address:**

P. O. BOX 365  
KEY WEST, FL 330410365

**FEI Number:** 26-2997589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKERSON, ONNIE D III  
700 CATHERINE STREET  
KEY WEST, FL 33040 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:** MACKALL, LARRY L  
**Address:** 605-B UNITED STREET  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** MGR  
**Name:** DICKERSON, ONNIE D III  
**Address:** 605-B UNITED STREET  
**City-St-Zip:** KEY WEST, FL 33040

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:** LARRY L. MACKALL

MGRM

01/09/2012

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