

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109702

**Entity Name:** AMIR AKEL, DMD, PLLC

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5445 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

5963 PATRICIA PLACE  
SPRING HILL, FL 34606 US

**New Mailing Address:**

5445 COMMERCIAL WAY  
SPRING HILL, FL 34606

**FEI Number:** 26-3943320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKEL, AMIR  
5963 PATRICIA PLACE  
SPRING HILL, FL 34607 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: MGR  
Name: AKEL, AMIR  
Address: 5963 PATRICIA PLACE  
City-St-Zip: SPRING HILL, FL 34607

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: AMIR AKEL

MGR

01/11/2012

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