

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048727

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** PATRICE M. TORRENCE, DPM, LLC

**Current Principal Place of Business:**

4320 W. BROWARD BLVD  
SUITE #4  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

5223A W. BROWARD BLVD  
PLANTATION, FL 33317 US

**Current Mailing Address:**

4320 W. BROWARD BLVD  
SUITE #4  
PLANTATION, FL 33317 US

**New Mailing Address:**

5223A W. BROWARD BLVD  
PLANTATION, FL 33317 US

**FEI Number:** 26-1950204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUNT, MARK C CPA  
7369 SHERIDAN STREET  
SUITE 201  
HOLLYWOOD, FL 33024 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: TORRENCE, PATRICE M  
Address: 5223A W. BROWARD BLVD.  
City-St-Zip: PLANTATION, FL 33317 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: PATRICE TORRENCE

MGRM

04/16/2012

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