

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085862

Entity Name: DR. LAURA PLAZA, LLC

**FILED**  
**May 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1031 N.E. PINE ISLAND ROAD  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

129 SE 32ND ST  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 90-0522018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOGERT, LAURA E  
129 SE 32ND ST  
CAPE CORAL, FL 33904 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: DR.  
Name: BOGERT, LAURA E  
Address: 129 SE 32ND ST  
City-St-Zip: CAPE CORAL, FL 33904

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: LAURA E. BOGERT

DR.

05/25/2012

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