

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001931

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** WE TYPE TRANSCRIPTION, LLC

**Current Principal Place of Business:**

21825 ATRIUM BLVD.  
BOCA RATON, FL 334333358 US

**New Principal Place of Business:**

**Current Mailing Address:**

21825 ATRIUM BLVD.  
BOCA RATON, FL 334333358 US

**New Mailing Address:**

**FEI Number:** 27-1605435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ELLIS, TRACIE A  
21825 ATRIUM BLVD.  
BOCA RATON, FL 33433 US

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

DANTON, JACALYN A DO  
21825 ATRIUM BLVD.  
BOCA RATON, FL 33433 US

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:** JACALYN A. DANTON, DO

03/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DANTON, JACALYN A DO  
**Address:** 21825 ATRIUM BLVD.  
**City-St-Zip:** BOCA RATON, FL 33433 US

**Title:** MGRM  
**Name:** ELLIS, TRACIE A  
**Address:** 21825 ATRIUM BLVD.  
**City-St-Zip:** BOCA RATON, FL 33433 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:** JACALYN A. DANTON, DO

MGRM

03/12/2012

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