

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032245

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

**Entity Name:** DR. SENNE HEALTH CONSULTANT LLC

**Current Principal Place of Business:**

11038 RIVER TRENT CT  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

13550 REFLECTIONS PKWY  
STE 5-504  
FORT MYERS, FL 33907 US

**Current Mailing Address:**

11038 RIVER TRENT CT  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

11038 RIVER TRENT CT  
LEHIGH ACRES, FL 33971 US

**FEI Number:** 27-2079281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SENNE, SCOTT C  
11038 RIVER TRENT CT  
LEHIGH ACRES, FL 33971 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:** SENNE, SCOTT C  
**Address:** 11038 RIVER TRENT CT  
**City-St-Zip:** LEHIGH ACRES, FL 33971

**Title:** MGRM  
**Name:** SENNE, LINDA C  
**Address:** 11038 RIVER TRENT CT  
**City-St-Zip:** LEHIGH ACRES, FL 33971

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:** LINDA C. SENNE

MGRM

02/11/2012

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