

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086977

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** DOC EDGE OF CAPE CORAL, LLC

**Current Principal Place of Business:**

857 MONTCLAIRE CT.  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

1326 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

PO BOX 100770  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

**FEI Number:** 27-3275986      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WIER, LAWRENCE M  
857 MONTCLAIRE CT.  
CAPE CORAL, FL 33904 US

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

WIER, LAWRENCE M  
1326 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/04/2012

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WIER, LAWRENCE M  
**Address:** 1326 CAPE CORAL PARKWAY  
**City-St-Zip:** CAPE CORAL, FL 33904 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: LAWRENCE M. WIER

MGRM

01/04/2012

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