

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098502

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** DR. CHARLIE WARE A.P. LLC

**Current Principal Place of Business:**

3800 S OCEAN DR. #213  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

3800 S OCEAN DR. #213  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 01-0810077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARE, CHARLIE  
917 NE 2ND ST  
HALLANDALE, FL 33009 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:** WARE, CHARLIE DR. A.P  
**Address:** 917 NE 2ND ST  
**City-St-Zip:** HALLANDALE, FL 33009

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:** CHARLIE WARE

MGR

05/03/2012

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