

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106413

Entity Name: KELLY MAGHER DMD, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

40 HEATHWOOD DRIVE  
BUILDING B  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

5046 ECLIPSE COURT  
NAPLES, FL 34104

**Current Mailing Address:**

40 HEATHWOOD DRIVE  
BUILDING B  
MARCO ISLAND, FL 34145

**New Mailing Address:**

5046 ECLIPSE COURT  
NAPLES, FL 34104

FEI Number: 27-3458120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAGHER, KELLY  
5046 ECLIPSE COURT  
NAPLES, FL 34104 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: MAGHER, KELLY  
Address: 5046 ECLIPSE COURT  
City-St-Zip: NAPLES, FL 34104

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: KELLY MAGHER

MGR

04/30/2012

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