

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125426

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

**Entity Name:** ROONEY CLINICAL RESEARCH CONSULTING LLC

**Current Principal Place of Business:**

193 OAKWOOD DRIVE  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

193 OAKWOOD DRIVE  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 27-4172202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX & FINANCIAL STRATEGISTS LLC  
28089 VANDERBILT DRIVE  
201  
BONITA SPRINGS, FL 34134 US

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

TAX & FINANCIAL STRATEGISTS LLC  
28089 VANDERBILT DRIVE  
SUITE 201  
BONITA SPRINGS, FL 34134 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: THOMAS WANDERON

04/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROONEY, DANIEL A JR  
Address: 193 OAKWOOD DRIVE  
City-St-Zip: NAPLES, FL 34110

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: DANIEL A. ROONEY, JR.

MGRM

04/03/2012

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