

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126625

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

**Entity Name:** BANKRUPTCY LAW CENTER, PLLC

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
2476  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8695 COLLEGE PARKWAY  
2476  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 27-5044372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

EDWARD L. LARSEN, ESQ., P.A.  
2390 TAMIAMI TRAIL NORTH  
202  
NAPLES, FL 34103 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:** MGRM  
**Name:** LARSEN, EDWARD  
**Address:** 2390 TAMIAMI TRAIL NORTH, SUITE 202  
**City-St-Zip:** NAPLES, FL 34103

**Title:** MGRM  
**Name:** PUCCIO, JAMES  
**Address:** 8695 COLLEGE PARKWAY, SUITE 2476  
**City-St-Zip:** FORT MYERS, FL 33919

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: EDWARD LARSEN

MGRM

01/04/2012

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