

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011982

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** THE LAW OFFICES OF MONICA VILLAVERDE, P.L.

**Current Principal Place of Business:**

1100 BEN FRANKLIN DRIVE  
SUITE 505  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3643  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 27-4700268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, SHIVON ESQ.  
7025 CR 46A STE. 1071  
PMB 353  
LAKE MARY, FL 32746 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: VILLAVERDE, MONICA ESQ.  
Address: P.O. BOX 3643  
City-St-Zip: SARASOTA, FL 34230

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: MONICA VILLAVERDE

MGR

02/21/2012

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