

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000042782

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** TRICOUNTY R V DOCTOR, LLC

**Current Principal Place of Business:**

8380 STATE ROAD 84  
DAVIE, FL 33324

**New Principal Place of Business:**

3361 N.E. 12TH TERRACE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

8380 STATE ROAD 84  
DAVIE, FL 33324

**New Mailing Address:**

3361 N.E. 12TH TERRACE  
POMPANO BEACH, FL 33064

**FEI Number:** 45-1445024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, ALFRED R III  
2323 STATE ROAD 84  
SYDNEY 308  
FORT LAUDERDALE, FL 33312 US

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

THOMPSON, ALFRED R III  
3361 N.E. 12TH TERRACE  
POMPANO BEACH, FL 33064 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/13/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMPSON, ALFRED R III  
Address: 3361 N.E. 12TH TERRACE  
City-St-Zip: POMPANO, FL 33064

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: ALFRED ROSS THOMPSON, III

MGR

01/13/2012

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