

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000070620

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** APOLLO BEACH DENTAL, PL

**Current Principal Place of Business:**

101 FLAMINGO SUITE D  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

101 FLAMINGO DRIVE  
SUITE D  
APOLLO BEACH, FL 33572 US

**Current Mailing Address:**

101 FLAMINGO SUITE D  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

101 FLAMINGO DRIVE  
SUITE D  
APOLLO BEACH, FL 33572 US

**FEI Number:** 37-1642898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YU, ROBERT  
101 FLAMINGO SUITE D  
APOLLO BEACH, FL 33572 US

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

YU, ROBERT  
101 FLAMINGO DRIVE  
SUITE D  
APOLLO BEACH, FL 33572 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:

01/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: YU, ROBERT  
Address: 101 FLAMINGO DRIVE SUITE D  
City-St-Zip: APOLLO BEACH, FL 33572 US

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: ROBERT J YU

DR

01/10/2012

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