

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126467

**FILED**  
**Aug 09, 2012**  
**Secretary of State**

**Entity Name:** BECK 202, LLC

**Current Principal Place of Business:**

WRMC IV PAVILLION  
1447 MEDICAL PARK BLVD, STE. 202  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

WRMC IV PAVILLION  
1447 MEDICAL PARK BLVD, STE. 202  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 45-3762744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECK-TORRES, MICHELE  
3600 FOREST HILL BLVD.  
SUITE 1  
WEST PALM BEACH, FL 33406 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: BECK-TORRES, MICHELE  
Address: 584 GLENFIELD WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM  
Name: TORRES, EMILIO B  
Address: 584 GLENFIELD WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

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: MICHELE BECK-TORRES

MGRM

08/09/2012

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