

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141877

Entity Name: LTJDMD, LLC

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3615 NW 95TH AVENUE, ROAD  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 635  
INVERNESS, FL 34451

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KOVACH, MICHAEL T JR  
303 TOMPKINS STREET  
INVERNESS, FL 34450 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: TOMS, LYDIA C  
Address: 11 CYPRESS BLVD WEST  
City-St-Zip: HOMOSASSA, FL 34446

Title: MGRM  
Name: DAVIS, JONATHAN O  
Address: 22364 LEVEL ST  
City-St-Zip: ABITA SPRINGS, LA 70420

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: LYDIA C. TOMS

MGRM

02/28/2012

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