

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000020122

**FILED**  
**Jul 12, 2012**  
**Secretary of State**

**Entity Name:** FLEUR-DE-LIS FAMILY TRUST, LLC

**Current Principal Place of Business:**

12381-102 S. CLEVELAND AVE.  
FT. MYERS, FL 33907

**New Principal Place of Business:**

8595 COLLEGE PARKWAY #350  
FT. MYERS, FL 33919

**Current Mailing Address:**

PO BOX 07069  
FT. MYERS, FL 33919

**New Mailing Address:**

8595 COLLEGE PARKWAY #350  
FT. MYERS, FL 33919

**FEI Number:** 04-3523567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEALTH-CHECK MD, LLC  
12381-102 S. CLEVELAND AVE.  
FT. MYERS, FL 33907 US

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

HEALTH-CHECK MD, LLC  
8595 COLLEGE PARKWAY #350  
FT. MYERS, FL 33919 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

07/12/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PROVENCE, TAMMY  
Address: 8595 COLLEGE PARKWAY #350  
City-St-Zip: FT. MYERS, FL 33919

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: TAMMY PROVENCE

MGR

07/12/2012

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