

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003909

Entity Name: JULIO MAYA, D.M.D., P.L.

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12914 RAIN FOREST STREET  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

12914 RAIN FOREST STREET  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

FEI Number: 59-3584550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAYA, JULIO DR.  
12914 RAIN FOREST STREET  
TEMPLE TERRACE, FL 33617 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: MAYA, JULIO  
Address: 12914 RAIN FOREST STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: ST  
Name: MAYA, IVELISSE  
Address: 12914 RAIN FOREST ST.  
City-St-Zip: TEMPLE TERRACE, FL 33617

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: JULIO MAYA

MGRM

01/25/2012

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