

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000130882

Entity Name: ANN P. FUNK, PH.D., LLC

Current Principal Place of Business:

267 JOHN KNOX BLVD SUITE 111
TALLAHASSEE, FL 32303

Current Mailing Address:

267 JOHN KNOX BLVD SUITE 111
TALLAHASSEE, FL 32303

FEI Number: 46-1184902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUNK, ANN PH.D.
267 JOHN KNOX BLVD SUITE 111
TALLAHASSEE, FL 32303 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: ANN P. FUNK, PH.D. (NOT A CHANGE IN AGENT, JUST PH.D. EDIT)

01/30/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FUNK, ANN PH.D.
Address 267 JOHN KNOX BLVD SUITE 111
City-State-Zip: TALLAHASSEE FL 32303

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANN P. FUNK

PH.D.

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date