

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013780

FILED  
Jan 31, 2010  
Secretary of State

**Entity Name:** PATRICIA BRUNETTI DDS LLC

**Current Principal Place of Business:**

560 NORTH WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

560 NORTH WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-1058032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIELDS, R. PATRICIA D.D.S.  
560 NORTH WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236 US

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

BRUNETTI, PATRICIA D.D.S.  
560 NORTH WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236 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: PATRICIA BRUNETTI

01/31/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRUNETTI, PATRICIA D.D.S.  
Address: 560 N WASHINGTON BLVD, SUITE B  
City-St-Zip: SARASOTA, FL 34236

Title: MGR  
Name: BRUNETTI, CLIFF  
Address: 560 N WASHINGTON BLVD, SUITE B  
City-St-Zip: SARASOTA, FL 34236

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: PATRICIA BRUNETTI

MGR

01/31/2010

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