

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065378

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** THE FAMILY AND COSMETIC DENTISTRY CENTER OF DUNDEE OF THOMAS A. FELLNER, DDS, AND JAMIE W. ODOM, DMD, LLC

**Current Principal Place of Business:**

28029 US HWY 27 SOUTH  
DUNDEE, FL 33838 US

**New Principal Place of Business:**

**Current Mailing Address:**

715 SOUTH BROADWAY AVE  
BARTOW, FL 33830 US

**New Mailing Address:**

FEI Number: 20-5124109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FELLNER, THOMAS A  
715 SOUTH BROADWAY AVE  
BARTOW, FL 33830 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 ( ) Delete  
Name: THOMAS A. FELLNER, D, DS, PA  
Address: 715 SOUTH BROADWAY AVE  
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM ( ) Delete  
Name: JAMIE W. ODOM, DMD,, PA  
Address: 715 SOUTH BROADWAY AVE  
City-St-Zip: BARTOW, FL 33830 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TRACEY R FELLNER

MRS

01/28/2008

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