

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115749

FILED
Mar 23, 2009
Secretary of State

Entity Name: TRIPLE CROWNS DENTAL L.L.C.

Current Principal Place of Business:

25415 CORTEZ BLVD.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

25415 CORTEZ BLVD.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 26-1504254 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: ANDREWS, REGIS J
Address: 25415 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES:

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: REGIS ANDREWS

MGR

03/23/2009

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