

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016478

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** GLOBALINK SOLUTIONS DENTAL, LLC

**Current Principal Place of Business:**

1443 CAPRI LANE  
UNIT 5904  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1443 CAPRI LANE  
UNIT 5904  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 26-1968738      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FRAIOLI, DENNIS J SR.  
1443 CAPRI LANE  
UNIT 5904  
WESTON, FL 33326 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: CEO ( ) Delete  
Name: FRAIOLI, DENNIS J SR.  
Address: 1443 CAPRI LANE, SUITE 5904  
City-St-Zip: WESTON, FL 33326

Title: V.P. ( ) Delete  
Name: ELEONORA, CROCETTI  
Address: 1443 CAPRI LANE, UNIT 5904  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

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

Title: V.P. (X) Change ( ) Addition  
Name: CROCETTI -FRAIOLI, ELEONORA V.P.  
Address: 1443 CAPRI LANE, UNIT 5904  
City-St-Zip: WESTON, FL 33326

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: ELEONORA CROCETTI-FRAIOLI      V.P.      01/16/2009

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