

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104598

FILED
Jan 07, 2012
Secretary of State

Entity Name: SCHEELE DENTURE STUDIO L.L.C.

Current Principal Place of Business:

521 SUMNER AVE.
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

521 SUMNER AVE.
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 94-3455511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHEELE, PAUL D
521 SUMNER AVE.
ORANGE CITY, FL 32763 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
Name: SCHEELE, PAUL D
Address: 521 SUMMER AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM
Name: RIVERA, MARIA TERESA
Address: 521 SUMNER AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

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: PAUL D. SCHEELE

MGRM

01/07/2012

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