## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000015253

Entity Name: MADENTAL LLC

Address:

City-St-Zip:

530 FLORIDA AVE.

LYNN HAVEN, FL 32444 US

FILED Jan 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 530 FLORIDA AVE. LYNN HAVEN, FL 32444 US **Current Mailing Address: New Mailing Address:** 530 FLORIDA AVE LYNN HAVEN, FL 32444 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: J. KARL TRUCKS, PA 227 HARRISON AVE. PANAMA CITY, FL 32401 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ARNOLD C. GANGWISCH,, DMD, PA Name: Name: Address: 530 FLORIDA AVE. Address: City-St-Zip: LYNN HAVEN, FL 32444 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRANDENTAL, LLC, Name: Address: 530 FLORIDA AVE. Address: City-St-Zip: LYNN HAVEN, FL 32444 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DANIEL G. MELZER, DM, D, LLC Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ARNOLD C GANGWISCH MGRM 01/28/2008