

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104598

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

Current Principal Place of Business:

640 N. VOLUSIA AVE.
D
ORANGE CITY, FL 32763-4881

Current Mailing Address:

640 N. VOLUSIA AVE.
D
ORANGE CITY, FL 32763-4881 US

FEI Number: 94-3455511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHEELE, PAUL D
640 N. VOLUSIA AVE.
D
ORANGE CITY, FL 32763-4881 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

Authorized Person(s) Detail :

Title MGRM
Name SCHEELE, PAUL D
Address P.O. BOX 390700
City-State-Zip: DELTONA FL 32739-0700

Title MGRM
Name RIVERA, MARIA TERESA
Address P.O. BOX 390700
City-State-Zip: DELTONA FL 32739-0700

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL SCHEELE

VIC PRESIDENT

02/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date