

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104598

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

Current Principal Place of Business:

521 SUMNER AVE.
ORANGE CITY, FL 32763

Current Mailing Address:

521 SUMNER AVE.
ORANGE CITY, FL 32763 US

FEI Number: 94-3455511

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHEELE, PAUL D
521 SUMNER AVE.
ORANGE CITY, FL 32763 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 521 SUMMER AVE.
City-State-Zip: ORANGE CITY FL 32763

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL SCHEELE

MGMR

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date