

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098992

**Entity Name:** FLORIDA DENTAL ASSISTING SCHOOL, LLC

**Current Principal Place of Business:**

5317 W. ATLANTIC AVE  
SUITE 101  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5317 W. ATLANTIC AVE  
SUITE 101  
DELRAY BEACH, FL 33484

**FEI Number:** 45-3147851

**Certificate of Status Desired:** No

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

WYMANN, JAMIE S  
5301 NW 121ST AVE.  
CORAL SPRINGS, FL 33076 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 MGR  
Name WYMANN, JAMIE S  
Address 5301 NW 121ST AVE  
City-State-Zip: CORAL SPRINGS FL 33076

*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:** JAMIE WYMANN

**MANAGER**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date