

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000958

**Entity Name:** NOBEL BIOCARE USA, LLC

**Current Principal Place of Business:**

22715 SAVI RANCH PARKWAY  
YORBA LINDA, CA 92887

**Current Mailing Address:**

22715 SAVI RANCH PARKWAY  
YORBA LINDA, CA 92887 US

**FEI Number:** 51-0513031

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           LUTZ, ROBERT  
Address        2200 PENNSYLVANIA AVE.  
                  NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

Title           MANAGER  
Name           MCFADEN, FRANK  
Address        2200 PENNSYLVANIA AVE.  
                  NW SUITE 800W  
City-State-Zip: WASHINGTON DC 20037

*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:** FRANK MCFADEN

**MANAGER**

**04/05/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date