

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006116

Entity Name: AL DENTE, LLC

**FILED**  
**Apr 16, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

205 SOUTH HOOVER BLVD  
SUITE 402  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

205 SOUTH HOOVER BLVD  
SUITE 402  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3718413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CARSON, FRANKLIN  
TAMPA BAY MARINA CENTER  
205 S. HOOVER ST., STE. 305  
TAMPA, FL 33609 US

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

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CARSON, FRANKLIN W  
Address: 205 S HOOVER BLVD STE 305  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: FRANKLIN W. CARSON

MGRM

04/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date