

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020185

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** ROBERT M. PRISBE, D.D.S., P.L.

**Current Principal Place of Business:**

3835 S. FLORIDA AVE.  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

3835 S. FLORIDA AVE.  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 59-3412821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRITTON, CHARLES P  
C/O WENDEL & CHRITTON, CHARTERED  
225 E. LEMON ST  
LAKELAND, FL 33811 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PRISBE, ROBERT M  
Address: 3835 S. FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33813

**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 exemption stated in Chapter 119, 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: ROBERT M. PRISBE

MGRM

02/10/2009

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