

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90132 004 ***143.75

DOCUMENT # L02000000241

1. Entity Name
INSTITUTE FOR ORAL ART & DESIGN, LLC



Principal Place of Business

6320 VENTURE DRIVE, SUITE 201
BRADENTON, FL 34202
7307 Merchant Court, Unit 11B
Sarasota, FL 34240

Mailing Address

6320 VENTURE DRIVE, SUITE 201
BRADENTON, FL 34202
7307 Merchant Court, Unit 11B
SARASOTA, FL 34240

60013997



03032008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
80-0004591

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERRY LEE CULP
~~6320 VENTURE DRIVE, SUITE 201~~ 7307 Merchant Court
~~BRADENTON, FL 34202~~ Unit 11 B
Sarasota, FL
34240

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TERRY LEE CULP
7925 ROYAL QUEENS LANDING
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TERRY LEE CULP 03/03/08 9419076084

Date

Daytime Phone #