

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014075

FILED
Jan 24, 2006
Secretary of State

Entity Name: HOFFMAN & ASSOCIATES DENTAL LABORATORY, LLC

Current Principal Place of Business:

2466 WEST STATE ROAD 426
SUITE 1014
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2466 WEST STATE ROAS 426
SUITE 1014
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 01-0718624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801 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: HOFFMAN, JOHN W
Address: 14931 FAVERSHAM CIR
City-St-Zip: ORLANDO, FL 32826

Title: MGRM () Delete
Name: HOFFMAN, JANICE C
Address: 14931 FAVERSHAM CIR
City-St-Zip: ORLANDO, FL 32826

Title: MGRM () Delete
Name: BROOKHART, SHARLENE H
Address: 14931 FAVERSHAM CIR
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

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

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

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 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: SHARLENE H BROOKHART

MGRM

01/24/2006

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