

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030342

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: TRINITY DENTAL LAB, L.L.C.

**Current Principal Place of Business:**

927 FERN STREET  
SUITE 1700  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

927 FERN STREET  
SUITE 1700  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 80-0053622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDSMITH, KAREN L  
2180 PARK AVE. NORTH  
SUITE 100  
WINTER PARK, FL 32789 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: MGR ( ) Delete  
Name: CHEGWIN, ERIC W  
Address: 555 ROCHESTER ST  
City-St-Zip: OVIEDO, FL 32765

Title: MGR ( ) Delete  
Name: CHEGWIN, JESSICA  
Address: 555 ROCHESTER ST  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

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 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: ERIC CHEGWIN

MGR

04/07/2009

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