

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90156 012 ****50.00

DOCUMENT # L02000032387

1. Entity Name

WHITE WOLF DENTAL GROUP, PLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1221 Dunlawton Ave

Suite, Apt. #, etc.

3. Mailing Address

416 Black Oak Lane

Suite, Apt. #, etc.

City & State

Port Orange FL

Zip

32127

Country

Volusia

City & State

Ormond Beach FL

Zip

32174

Country

Volusia

4. FEI Number

82-65 75866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joseph Valenzi DMD

Street Address (P.O. Box Number is Not Acceptable) -

416 Black Oak Lane

City

Ormond Beach

FL

Zip Code

32174

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9.

MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Joseph Valenzi
416 Black Oak Lane
Ormond Beach FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Distinctive Dental Services
416 Black Oak Lane
Ormond Beach FL 32174
Joseph Valenzi president

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Joseph Valenzi DMD

2-23-03

386-3041-1181

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

Date

Daytime Phone #