

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AK)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-02-2004 90116 031 ****50.00

DOCUMENT # L02000032751	
1. Entity Name SHOWERDENT, LLC	

Principal Place of Business 5550 HERON POINT DR. #1902 NAPLES FL 34108	Mailing Address 5550 HERON POINT DR. #1902 NAPLES FL 34108
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2. Principal Place of Business 27693 Bay oint Lane	3. Mailing Address P.O. Box 10
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bonita Springs, FL	City & State BONITA SPRINGS, FL
Zip 34134	Zip 34133
Country USA	Country USA

34010100



MOORE CR2E083 (4/04)

4. FEI Number 59-3724105	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PENNETTA, JOAN K 5550 HERON POINT DRIVE NAPLES FL 34108	
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7. Name and Address of New Registered Agent	
Name JOAN K. PENNETTA	
Street Address (P.O. Box Number is Not Acceptable) 27693 BAY POINT LANE	
BONITA SPRINGS, FLORIDA 34134	
City FL	Zip Code

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.

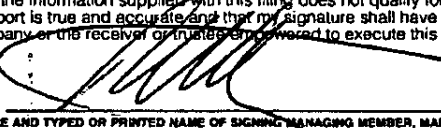
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENNETTA, RICHARD J 5550 HERON POINT DR #1902 NAPLES FL 34108 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Richard J. Pennetta 27693 Bay Point Lane Bonita Springs, FL 34134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **R. J. PENNETTA, MANAGING MEMBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **7/28/04** Daytime Phone #