2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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MOORE CR2E083 (4/04)

DOCUMENT # L02000032751

1. Entity Name
SHOWERDENT, LLC

Principal Place of Business	Mailing Address
5550 HERON POINT DR. #1902 NAPLES FL 34108	5550 HERON POINT DR. #1902 NAPLES FL 34108

2. Principal Place of Business	3. Mailing Address
27693 Bay oint Lane	P.O. Box 10
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State: BONITA SPRINGS, FL
Zip: 34134 Country: USA	Zip: 34133 Country: USA

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

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

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