## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000019946

Entity Name: OAKLAND DENTAL, LLC

Apr 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4416 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33313

**Current Mailing Address: New Mailing Address:** 

4416 WEST OAKLAND PARK BLVD 4416 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33313 LAUDERDALE LAKES, FL 33313

FEI Number: 56-2362708 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BENHAMU, MICHAEL ARON, ROBERT S 4416 WEST OAKLAND PARK BLVD 4416 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313 LAUDERDALE LAKES, FL 33313

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: ROBERT S. ARON 04/12/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change ( ) Addition ARON, ROBERT ARON, ROBERT Name: Name:

4416 WEST OAKLAND PARK BLVD Address: 4416 WEST OAKLAND PARK BLVD Address:

City-St-Zip: LAUDERDAL LAKES, FL 33313 City-St-Zip: LAUDERDAL LAKES, FL 33313

Title: MGR (X) Delete Title: () Change () Addition Name:

COHEN, RON Name: Address: 4416 WEST OAKLAND PARK BLVD Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

BENHAMU, MICHAEL Name: Name: 4416 WEST OAKLAND PARK BLVD Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 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: ROBERT S. ARON **MGRM** 04/12/2009