

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019946

Entity Name: OAKLAND DENTAL,LLC

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4416 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

4416 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES, FL 33313

**New Mailing Address:**

FEI Number: 56-2362708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARON, ROBERT S  
4416 WEST OAKLAND PARK BLVD  
LAUDERDALE LAKES, FL 33313 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: MGRM  
Name: ARON, ROBERT  
Address: 4416 WEST OAKLAND PARK BLVD  
City-St-Zip: LAUDERDAL LAKES, FL 33313

Title: T  
Name: RUBIN, JONATHAN  
Address: 4416 WEST OAKLAND PARK BLVD  
City-St-Zip: LAUDERDALE LAKES, FL 33313

I hereby 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

MGR

04/20/2012

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