

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039295

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** TEETH WHITENING DENTISTRY, LLC

**Current Principal Place of Business:**

12467 GUILFORD WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

804 26TH STREET WEST  
BRADENTON, FL 34205

**Current Mailing Address:**

12467 GUILFORD WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

804 26TH ST  
BRADENTON, FL 34205

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HYMAN, DR. CHAIM  
12467 GUILFORD WAY  
WELLINGTON, FL 33414

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

HYMAN, DR. CHAIM  
804 26TH STREET WEST  
BRADENTON, FL 34205

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: CHAIM HYMAN

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HYMAN, CHAIM  
Address: 12467 GUILFORD WAY  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HYMAN, CHAIM  
Address: 804 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHAIM HYMAN

MGRM

04/29/2004

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