

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006478

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** NATURAL CERAMICS DENTAL LAB, LLC

**Current Principal Place of Business:**

3162 S ATLANTIC AVENUE  
DAYTONA BEACH SHORES, FL 32118 US

**New Principal Place of Business:**

**Current Mailing Address:**

3162 S ATLANTIC AVENUE  
DAYTONA BEACH SHORES, FL 32118 US

**New Mailing Address:**

**FEI Number:** 20-0634100

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

MARCHAND, GUY F  
1801 EAGLES CREST DRIVE  
PORT ORANGE, FL 32127 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: MGR ( ) Delete  
Name: MARCHAND, GUY F  
Address: 1801 EAGLES CREST DRIVE  
City-St-Zip: PORT ORANGE, FL 32127 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: GUY F MARCHAND

MM

04/01/2009

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