

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010944

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** KATHRYN A HACKENBERG DMD, LLC

**Current Principal Place of Business:**

927 SW 57 TH TERRACE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

927 SW 57 TH TERRACE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 20-0712499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 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 ( ) Delete  
Name: HACKENBERG, KATHRYN A  
Address: 927 SW 57 TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HACKENBERG, KATHRYN A  
Address: 927 SW 57 TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

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: KATHRYN HACKENBERG

PRES

04/25/2007

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