

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000011862

**Entity Name:** MIDLINE DENTAL LAB, LLC

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13135 SPRING HILL DR  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

13135 SPRING HILL DR  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 32-0158785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZELEWSKI, PAUL  
13135 SPRING HILL DR  
SPRING HILL, FL 34609 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:** ZELEWSKI, PAUL  
**Address:** 13135 SPRING HILL DR  
**City-St-Zip:** SPRING HILL, FL 34609

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: PAUL ZELEWSKI

MGRM

03/14/2012

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