

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016892

Entity Name: CHELSEA DENTAL, PL

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1248 SEVEN SPRINGS BLVD.  
SUITE E  
TRINITY, FL 34655 US

## **New Principal Place of Business:**

10733 MAPLE CREEK DR.  
SUITE # 102  
TRINITY, FL 34655 US

## **Current Mailing Address:**

1557 EAGLES REACH  
TARPOON SPRINGS, FL 34688 US

## **New Mailing Address:**

10733 MAPLE CREEK DR.  
SUITE # 102  
TRINITY, FL 34655 US

FEI Number: 71-0967653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMPSEY, REBECCA L  
1557 EAGLES REACH  
TARPOON SPRINGS, FL 34688 US

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

DEMPSEY, REBECCA L  
10733 MAPLE CREEK DR.  
SUITE # 102  
TRINITY, FL 34655 US

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: REBECCA L DEMPSEY

04/05/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEMPSEY, DAVID W  
Address: 10733 MAPLE CREEK DR. STE # 102  
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM  
Name: DEMPSEY, REBECCA L  
Address: 10733 MAPLE CREEK DR. STE # 102  
City-St-Zip: TRINITY, FL 34655

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: DAVID W DEMPSEY DDS

MGRM

04/05/2010

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