


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90025 039 \*\*\*\*\*55.00

<b>DOCUMENT # L04000053034</b>	
1. Entity Name <b>DENT WORKS OF COLORADO SPRINGS, LLC</b>	

Principal Place of Business <b>900 OLD COMBEE ROAD LAKELAND, FL 33805</b>	Mailing Address <b>P.O. BOX 92556 LAKELAND, FL 33804</b>
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2. Principal Place of Business <b>3255 E. PLATE AVE</b>	3. Mailing Address <b>3255 E. PLATE AVE.</b>
Suite, Apt. #, etc. <b>SUITE E</b>	Suite, Apt. #, etc. <b>SUITE E.</b>
City & State <b>COLORADO SPRINGS, CO.</b>	City & State <b>COLORADO SPRINGS, CO.</b>
Zip <b>80909</b>	Country <b>USA</b>



04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1411412</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HALLOCK, DAVID D JR ONE LAKE MORTON DRIVE LAKELAND, FL 33801</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** Stuart A. Bass STUART A. BASS 4/30/05 719-636-3368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #