

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053034

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** DENT WORKS OF COLORADO SPRINGS, LLC

**Current Principal Place of Business:**

3255 E. PLATTE AVE.  
SUITE E  
COLORADO SPRINGS, CO 80909

**New Principal Place of Business:**

5358 MONTEBELLO LN  
COLORADO SPRINGS, CO 80918

**Current Mailing Address:**

3255 E. PLATTE AVE.  
SUITE E  
COLORADO SPRINGS, CO 80909

**New Mailing Address:**

5358 MONTEBELLO LN  
COLORADO SPRINGS, CO 80918

**FEI Number:** 20-1411412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLOCK, DAVID D JR  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 33801 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:** BASS, STUART  
**Address:** PO BOX 1113  
**City-St-Zip:** SPRINGFIELD, MO 65808

**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:** STUART A BASS

MGRM

04/30/2009

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