2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2009
Secretary of State

DOCUMENT# L04000065617

Entity Name: EASLER COSMETIC DENTISTRY, LLC

Current Principal Place of Business:

7211 N DALE MABRY HWY
SUITE # 100
TAMPA, F: 33614

New Principal Place of Business:

Current Mailing Address:

7211 N DALE MABRY HWY
SUITE # 100
TAMPA, F: 33614

New Mailing Address:

FEI Number: 20-1576033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, LABRUZZO
7104 COVE PLACE
TAMPA, FL 33617 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: EASLER, LAWRENCE G
Address: 7211 N DALE MABRY HWY SUITE # 100
City-St-Zip: TAMPA, FL 33614

Title: MGRM ( ) Delete
Name: LABRUZZO, JOE M
Address: 7104 COVE PLACE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH LABRUZZO MGR 06/08/2009

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