

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073770

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** AVALON DENTAL CLINIC, P.L.

**Current Principal Place of Business:**

4272 AVALON BLVD  
MILTON, FL 32583 US

**New Principal Place of Business:**

**Current Mailing Address:**

4272 AVALON BLVD  
MILTON, FL 32583 US

**New Mailing Address:**

**FEI Number:** 59-3787731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ-OTTLEY, ANISSA DMD  
5704 TAMARACK DRIVE  
PACE, FL 32571 US

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

OTTLEY, ANISSA R DMD  
5704 TAMARACK DRIVE  
PACE, FL 32571 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:** ANISSA R. OTTLEY, DMD

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** RODRIGUEZ-OTTLEY, ANISSA DMD  
**Address:** 4272 AVALON BLVD  
**City-St-Zip:** MILTON, FL 32583 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** OTTLEY, ANISSA R DMD  
**Address:** 4272 AVALON BLVD  
**City-St-Zip:** MILTON, FL 32583 US

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:** ANISSA R. OTTLEY, DMD

DMD

02/02/2009

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