

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076759

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** WAYNE J. DOLLARD, D.D.S., P.L.L.C.

**Current Principal Place of Business:**

529 PELICAN WAY  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

529 PELICAN WAY  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 86-1118988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOLLARD, JASON P ESQ  
295 NE 5TH AVENUE, UNIT #31  
DELRAY BEACH, FL 33443 US

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

DOLLARD, JASON P ESQ  
295 NE 5TH AVENUE, UNIT #31  
DELRAY BEACH, FL 33483 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:

02/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DOLLARD, WAYNE J DR.  
Address: 529 PELICAN WAY  
City-St-Zip: DELRAY BEACH, FL 33483

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: WAYNE J. DOLLARD

MGR

02/25/2011

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