

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076806

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CREATIVE DENTAL & MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

2315 NW 107 AVE. MIAMI FREE ZONE  
SUITE 1-M-17 MAIL BOX #52  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2315 NW 107 AVE. MIAMI FREE ZONE  
SUITE 1-M-17 MAIL BOX #52  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 20-1862029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AZPURUA, ALBERTO  
2315 NW 107 AVE. MIAMI FREE ZONE  
SUITE 1-M-17 MAIL BOX #52  
MIAMI, FL 33172 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: MGR ( ) Delete  
Name: AZPURUA, ALBERTO  
Address: 9220 S.W. 72 STREET, SUITE 101  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: AZPURUA, ANDRES  
Address: 2315 NW 107 AVE. SUITE 1-M-17  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: AZPURUA, INES M  
Address: 2315 NW 107 AVE. SUITE 1-M-17  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

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

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: ANDRES AZPURUA

MNG

04/30/2008

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