

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076806

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** CREATIVE DENTAL & MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

780 NW 42TH AVE  
SUITE #1  
MIAMI, FL 33126

**New Principal Place of Business:**

915 SW 87TH AVE  
MIAMI, FL 33174

**Current Mailing Address:**

780 NW 42TH AVE  
SUITE #1  
MIAMI, FL 33126

**New Mailing Address:**

915 SW 87TH AVE  
MIAMI, FL 33174

**FEI Number:** 20-1862029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AZPURUA, ANDRES  
8930 WEST FLAGLER ST.  
APT # 105  
MIAMI, FL 33174 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  
Name: AZPURUA, INES  
Address: 8930 WEST FLAGLER ST. APT 105  
City-St-Zip: MIAMI, FL 33174

Title: MGR  
Name: AZPURUA, ANDRES  
Address: 8930 WEST FLAGLER ST. APT 105  
City-St-Zip: MIAMI, FL 33174

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: ANDRES AZPURUA

MNG

03/31/2010

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