# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# L04000089281

**Entity Name:** IMAGINE ORTHODONTICS OF FLORIDA, PLLC

**Current Principal Place of Business:**

5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

5000 SAWGRASS VILLAGE CIRCLE
SUITE 3
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

5000 SAWGRASS VILLAGE CIRCLE
SUITE 3
PONTE VEDRA BEACH, FL 32082

**FEI Number: 20-2132512** **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:**

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 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: DR. ( ) Delete
Name: LAZZARA, GASPER
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: DR. (X) Change ( ) Addition
Name: LAZZARA, GASPER
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 3
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GASPER LAZZARA M 05/01/2009

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