

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018565

**FILED**  
**Aug 29, 2006**  
**Secretary of State**

**Entity Name:** MACEDO DENTAL LAB LLC

**Current Principal Place of Business:**

160 E MARVIN AV  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

160 E MARVIN AV  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 20-3479073      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:**

TORRES, JENNY M MS  
9857 OAK CREST RD  
ORLANDO, FL 32829      US

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

CAVALCANTE, RAYMUNDO  
160 E MARVIN AV  
LONGWOOD, FL 32750      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: RAIMUNDO CAVALCANTE

08/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RAYMUNDO CAVALCANTE,  
Address: 160 E MARVIN AV  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAIMUNDO CAVALCANTE

MGR

08/29/2006

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