# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 22, 2008**
**Secretary of State**

DOCUMENT# L05000033576

**Entity Name:** C.L. DDS, LLC

**Current Principal Place of Business:**

5057 SOUTH CONGRESS AVENUE
SUITE 401
ATLANTIS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

5057 SOUTH CONGRESS AVENUE
SUITE 401
ATLANTIS, FL 33461

**New Mailing Address:**

**FEI Number: 59-1579569** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LUKE, JANICE M D.D.S.
5057 SOUTH CONGRESS AVENUE
SUITE 401
ATLANTIS, FL 33461 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: MGRM ( ) Delete
Name: LUKE, JANICE M D.D.S.
Address: 5057 SOUTH CONGRESS AVENUE SUITE 401
City-St-Zip: ATLANTIS, FL 33461

Title: MGRM ( ) Delete
Name: COTSONAS, LILLI Z D.D.S.
Address: 5057 SOUTH CONGRESS AVENUE SUITE 401
City-St-Zip: ATLANTIS, FL 33461

**ADDITIONS/CHANGES:**

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: JANICE LUKE MGRM 01/22/2008

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