

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033576

Entity Name: C.L. DDS, LLC

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**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:**

5057 SOUTH CONGRESS AVENUE  
SUITE 401  
ATLANTIS, FL 33461

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

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

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: JANICE M LUKE

MGRM

02/08/2010

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