2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2008
Secretary of State

DOCUMENT# L05000046050

Entity Name: CREATION DENTAL LAB, LLC

Current Principal Place of Business:

487 NW 27TH AVE.
MIAMI, FL 331253042 US

New Principal Place of Business:

Current Mailing Address:

487 NW 27TH AVE.
MIAMI, FL 331253042 US

New Mailing Address:

FEI Number: 20-2824341 **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:

RICHARD, MARIA M
487 NW 27TH AVE.
MIAMI, FL 331253042 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 ( ) Delete
Name: RICHARD, MARIA M
Address: 4550 NW 9 ST, SUITE 803 E
City-St-Zip: MIAMI, FL 331262360 US

Title: MGR ( ) Delete
Name: GONZALEZ, ARTIGAS E
Address: 4550 NW 9 ST, SUITE 803 E
City-St-Zip: MIAMI, FL 331262360 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RICHARD, MARIA M
Address: 160 NW 67 AVE
City-St-Zip: MIAMI, FL 331262360 US

Title: MGR (X) Change ( ) Addition
Name: GONZALEZ, ARTIGAS E
Address: 160 NW 67 AVE
City-St-Zip: MIAMI, FL 331262360 US

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: MARIA RICHARD MGR 09/12/2008

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