

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000046088

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TOTAL DENTAL LLC

**Current Principal Place of Business:**

12177 PEMBROKE RD.  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

12177 PEMBROKE RD.  
PEMBROKE PINES, FL 33025 UN

**Current Mailing Address:**

12177 PEMBROKE RD.  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

**FEI Number:** 20-2799066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, WINSTON O  
12177 PEMBROKE RD.  
PEMBROKE PINES, FL 33025 US

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

ROZO, ASTRID  
12177 PEMBROKE RD.  
PEMBROKE PINES, FL 33025 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: ASTRID ROZO

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROZO, ASTRID  
Address: 12177 PEMBROKE RD.  
City-St-Zip: PEMBROKE PINES, FL 33025

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: ASTRID ROZO

MRG

04/30/2012

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