

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046475

Entity Name: COUNTYLINE DENTAL, LLC

FILED  
Apr 12, 2009  
Secretary of State

**Current Principal Place of Business:**

21457 NW 2ND AVE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

21457 NW 2ND AVE  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 81-0671550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARON, ROBERT  
21457 NW 2ND AVE  
MIAMI, FL 33169 US

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

ARON, ROBERT S  
21457 NW 2ND AVE  
MIAMI, FL 33169 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: ROBERT S. ARON

04/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARON, ROBERT  
Address: 21457 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

Title: M (X) Delete  
Name: PASISNITCHENKO, IGOR  
Address: 21457 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ARON, ROBERT S  
Address: 21457 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

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: ROBERT S. ARON

MGRM

04/12/2009

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