

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049388

FILED
Apr 17, 2009
Secretary of State

Entity Name: TIMOTHY J. PRUETT, DMD, PL

Current Principal Place of Business:

15820 DORA AVENUE
SUITE A
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

15820 DORA AVENUE
SUITE A
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-2870310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUETT, TIMOTHY J
15820 DORA AVENUE
SUITE A
TAVARES, FL 32778 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: PRUETT, TIMOTHY J
Address: 2355 MORNINGSIDE DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: MGR () Delete
Name: PRUETT, HEATHER M
Address: 2355 MORNINGSIDE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

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: TIMOTHY J PRUETT

MGRM

04/17/2009

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