2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L05000068207

Entity Name: MARISA NAPOLI, D.M.D., PLLC

Current Principal Place of Business:

5190 STAGECOACH DRIVE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5190 STAGECOACH DRIVE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLI, MARISA
5190 STAGECOACH DRIVE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

NAPOLI, MARISA M DR
5190 STAGECOACH DRIVE
COCONUT CREEK, FL 33073 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: MARISA M NAPOLI 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NAPOLI, MARISA
Address: 5190 STAGECOACH DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NAPOLI, MARISA M DR
Address: 5190 STAGECOACH DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

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: MARISA M NAPOLI MGR 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date