

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075710

**FILED**  
**Mar 03, 2008**  
**Secretary of State**

**Entity Name:** SERGIO M. RAUCHWERGER DMD PL

**Current Principal Place of Business:**

16900 N BAY ROAD  
1002  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

16900 N BAY ROAD  
1002  
SUNNY ISLES, FL 33160 US

**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:**

RAUCHWERGER, SERGIO M DMD  
16900 N BAY ROAD  
1002  
SUNNY ISLES, FL 33160 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: RAUCHWERGER, SERGIO M DMD  
Address: 16900 N BAY ROAD SUITE 1002  
City-St-Zip: SUNNY ISLES, FL 33160 US

**ADDITIONS/CHANGES:**

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: SERGIO M RAUCHWERGER

MGR

03/03/2008

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