2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L05000084982

Entity Name: REECE DENTICI, LLC

Current Principal Place of Business:

1348 FRUITVILLE ROAD, UNIT 301
SARASOTA, FL 34236

New Principal Place of Business:

1902 BAY ROAD
SARASOTA, FL 34239

Current Mailing Address:

1348 FRUITVILLE ROAD, UNIT 301
SARASOTA, FL 34236

New Mailing Address:

1902 BAY ROAD
SARASOTA, FL 34239

FEI Number: 20-5235602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENTICI, MARIO M
1348 FRUITVILLE ROAD, UNIT 301
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

DENTICI, MARIO M
1902 BAY ROAD
SARASOTA, FL 34239 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: MARIO M DENTICI 04/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DENTICI, MARIO M
Address: 1348 FRUITVILLE ROAD, UNIT 301
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Delete
Name: DENTICI, TAMMY M
Address: 1348 FRUITVILLE ROAD, UNIT 301
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DENTICI, MARIO M
Address: 1902 BAY ROAD
City-St-Zip: SARASOTA, FL 34239

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: MARIO M DENTICI MGRM 04/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date