

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 07, 2009  
Secretary of State**

DOCUMENT# L05000088950

Entity Name: CHARLES SCHMITT, D.M.D., LLC

**Current Principal Place of Business:**

520 S. MAITLAND AVE.  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

520 S. MAITLAND AVE.  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 14-1938961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCHMITT, CHARLES  
520 S. MAITLAND AVE.  
MAITLAND, FL 32751    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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: SCHMITT, CHARLES H DMD  
Address: 520 S. MAITLAND AVENUE  
City-St-Zip: MAITLAND, FL 32751 US

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: CHARLES H. SCHMITT

DMD

05/07/2009

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