

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091624

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: CORDOVA DENTAL LAB, LLC

## Current Principal Place of Business:

6029 NORTH 9TH AVENUE  
PENSACOLA, FL 32504

## New Principal Place of Business:

1200 CREIGHTON RD.  
PENSACOLA, FL 32504

## Current Mailing Address:

6029 NORTH 9TH AVENUE  
PENSACOLA, FL 32504

## New Mailing Address:

1200 CREIGHTON RD.  
PENSACOLA, FL 32504

FEI Number: 03-0570468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTALVO, JON M OWNER  
6029 NORTH 9TH AVENUE  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

MONTALVO, JON M OWNER  
1200 CREIGHTON RD  
PENSACOLA, FL 32504 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:

04/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MONTALVO, JON M OWNER  
Address: 1200 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM ( ) Delete  
Name: TILLEY, SANDRA K  
Address: 1200 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

## 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: JON MONTALVO

MGRM

04/14/2008

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