

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000091624

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** CORDOVA DENTAL LAB, LLC

**Current Principal Place of Business:**

1200 CREIGHTON RD.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

1200 CREIGHTON RD.  
PENSACOLA, FL 32504

**New Mailing Address:**

**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  
1200 CREIGHTON RD  
PENSACOLA, FL 32504 US

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

MONTALVO, JON M MGMR  
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:** JON MONTALVO

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MONTALVO, JON M  
**Address:** 1200 CREIGHTON RD  
**City-St-Zip:** PENSACOLA, FL 32504

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

I hereby 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

MGMR

04/27/2011

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