

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091713

FILED
Feb 23, 2009
Secretary of State

Entity Name: PINES DENTAL REAL ESTATE, LLC

Current Principal Place of Business:

SUITE 101
935 WEST 49TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

HIALEAH DENTAL C/O PINES REAL ESTATE
935 WEST 49TH STREET SUITE 101
HIALEAH, FL 33012

Current Mailing Address:

SUITE 101
935 WEST 49TH STREET
HIALEAH, FL 33012

New Mailing Address:

HIALEAH DENTAL C/O PINES REAL ESTATE
935 WEST 49TH STREET SUITE 101
HIALEAH, FL 33012

FEI Number: 20-3467284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, BRENT D
SUITE 1900
701 BRICKELL AVENUE
MIAMI, FL 33131 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: PRES () Delete
Name: ERRO, JUAN C
Address: 935 W 49 STREET #101
City-St-Zip: HIALEAH, FL 33012

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: JCE

P

02/23/2009

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