2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000095702

Entity Name: DENNIS R MOONEY DDS LLC

Current Principal Place of Business:

215 OCHLOCKONEE ST
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

215 OCHLOCKONEE ST
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-3670936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENNIS, SCARRY CPA
1689B MAHAN CENTER BLVD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MOONEY, MARY A
215 OCHLOCKONEE STREET
CRAWFORDVILLE, FL 32327 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: MARY A. MOONEY 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MOONEY, MARY
Address: 215 OCHLOCKONEE ST
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR ( ) Delete
Name: MOONEY, DENNIS R
Address: 215 OCHLOCKONEE ST
City-St-Zip: CRAWFORDVILLE, FL 32327

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: MARY A. MOONEY MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date