2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000095702

Entity Name: DENNIS R MOONEY DDS LLC

FILED Aug 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

215 OCHLOCKONEE ST CRAWFORDVILLE, FL 32327

Current Mailing Address: New Mailing Address:

215 OCHLOCKONEE ST CRAWFORDVILLE, FL 32327

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

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

MOONEY, MARY A MOONEY, DENNIS R
215 OCHLOCKONEE STREET 215 OCHLOCKONEE STREET

215 OCHLOCKONEE STREET 215 OCHLOCKONEE STREET CRAWFORDVILLE, FL 32327 US 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: DENNIS R. MOONEY DDS 08/07/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGR (X) Change () Addition
Name: MOONEY MARY Name: MOONEY DENNIS R

 Name:
 MOONEY, MARY
 Name:
 MOONEY, DENNIS R

 Address:
 215 OCHLOCKONEE ST
 Address:
 215 OCHLOCKONEE ST

 City-St-Zip:
 CRAWFORDVILLE, FL 32327
 City-St-Zip:
 CRAWFORDVILLE, FL 32327

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 MOONEY, DENNIS R
 Name:

 Address:
 215 OCHLOCKONEE ST
 Address:

 City-St-Zip:
 CRAWFORDVILLE, FL 32327
 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: DENNIS R. MOONEY, DDS MRG 08/07/2008