02/09/2006 16:07 7273677872 SANDERS

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Feb 21, 2006 8:00 am
Secretary of State
01-26-2006 90070 001 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/26/2(

DOCUMENT # L05000096991

1. Entity Name
DENTAL LAB CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
7650 BAYSHORE DRIVE 1201B TREASURE ISLAND, FL 33706	7650 BAYSHORE DRIVE 1201B TREASURE ISLAND, FL 33706
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0907076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANEY & GORDON, P.A.
101 E. KENNEDY BLVD
3170
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Bernt Sanders
Street Address (P.O. Box Number is Not Acceptable): 7650 Bayshore Dr
#1201B
City: Treasure Island FL Zip Code 33706

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, BERNT 7650 BAYSHORE DRIVE, #1201B TREASURE ISLAND, FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 01.22.2006 367-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT
30000786

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

DENTAL LAB CONSULTING SERVICES, LLC
7650 BAYSHORE DRIVE
1201B
TREASURE ISLAND, FL 33706

Subject: **DENTAL LAB CONSULTING SERVICES, LLC**

Reference Number: **L05000096991**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION