

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098609

FILED
Apr 29, 2009
Secretary of State

Entity Name: NICEVILLE DENTAL LABORATORY LLC

Current Principal Place of Business:

113 BAILEY DRIVE
SUITE 2
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

113 BAILEY DRIVE
SUITE 2
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-3584983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWEN, EDDIE
912 S PALM BLVD
SUITE E
NICEVILLE, FL 32578 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: MGRM () Delete
Name: GLENN, DENNIS S
Address: 113 BAILEY DRIVE SUITE 2
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: LOCKLEAR, DEBORAH S
Address: 113 BAILEY DRIVE SUITE 2
City-St-Zip: NICEVILLE, FL 32578

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: DEBORAH S. LOCKLEAR

MGR

04/29/2009

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