2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L05000104111

Entity Name: COASTAL ORTHODONTICS, PLLC

Current Principal Place of Business:

6202 N 9TH AVE
SUITE #4
PENSACOLA, FL 32504

New Principal Place of Business:

904 GARDEN GATE CIRCLE
PENSACOLA, FL 32504

Current Mailing Address:

6202 N 9TH AVE
SUITE #4
PENSACOLA, FL 32504

New Mailing Address:

904 GARDEN GATE CIRCLE
PENSACOLA, FL 32504

FEI Number: 20-3669034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITVAK, KRAMER A
226 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 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: MGR ( ) Delete
Name: LITVAK, ALLEN JR.
Address: 3740 BARNWELL CIRCLE
City-St-Zip: PENSACOLA, FL 32503

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: ALLEN LITVAK, JR MGR 01/07/2009

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