FILED Feb 05, 2007 8:00 am Secretary of State

2007	LIMITED LIABILITY COMPANY
	ANNUAL REPORT

DOCUMENT # L05000117352 1. Entity Name HOLEHOUSE CENTER FOR COMPLETE DENTISTRY, PL								02-05-200	_	141 ****5	50.00	
Principal Place of Business 3700 WINTER GARDEN VINELAND RD. WINTER GARDEN, FL 34787			Mailing Address 16035 SANDHILL RD. WINTER GARDEN, FL 34787									
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072007	Chg-LLC	CR2E08	33 (12/06)				
City & State	9		City & State	City & State			4. FEI Numb 20-391			No	plied For t Applicable	
Zip		Country	Zip Count		try	5. Certificate of Status Desired			Fee Required			
	6. Name	and Address of Current	Registered Agent		Name		7. Name and Address of New Registered Agent					
HOLEHOU 16035 SAN	NDHILL RI	D.					s (P.O. Box Number is Not Acceptable)					
WINTER G	SARDEN,	FL 34787					<u>, </u>					
					City				FL	Zip Code	e	
	named entiti		r the purpose of changing its	registere	ed office or	registen	ed agent, or be	oth, in the State of FI	orida. I am fa	amiliar with,	and accept	
SIGNATURE .		for printed name of registered agent	Was it analysis (NYTE	· O	· · · · · · · · · · · · · · · · · · ·		·		DATE			
	Signature, types	Of primed name or regustered espore	and the rappicable. UTC/IE	Hegistare	Agent signe:	ure recjuireo	when reinstating)		DATE	 .		
. Fi	iling Fee I ue by May	is \$50.00 y 1, 2007					Make check payable to Florida Department of State					
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGES			
TITLE	MGRM	1105 THOMAS O	Defete	TITLE					. _	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	413 HARDING ROAD STR				ET addres s -St-Zip		16035 Sandhill Rd. Winter Garden FL 34787					
TITLE	Delete			TITLE		mei	km	,		☐ Change	Addition	
NAME OTDOOR ADDOORGO	ĺ			NAME		Hole	house,	Donna				
STREET ADDRESS CITY-ST-ZIP					et address -St-Zip	1603	is Sandh	Donna iill Rd. en FL-3478	4 7			
IUITE			☐ Delete	TITLE		23.55	- C/24124	= 		Change	Addition	
NAME STREET ADDRESS	NAA CYT											
CITY-ST-ZIP				1	ET ADDRESS -St-Z(P							
TITLE			☐ Delete	TITLE				<u> </u>		Change	Addition	
NAME STREET ADDRESS	1			NAME	ET ADDRESS							
CITY-ST-ZIP	İ	•			-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	1			NAME	ET ADDRESS	,						
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLE						Change	☐ Addition	
NAME Street address	ss ' ss				ET ADDRESS							
CITY-ST-ZIP					ST-ZIP							
11. I hereby of indicated	certify that the	e information supplied with	this filing does not qualify for	the exer	mptions co	ontained i	in Chapter 119	, Florida Statutes. I I	further certify	that the info	mation r of the	
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 firnited liability company or the receiver or trustee emptwered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNAT	SIGNATURE: 128 07 407-654-1296 BOYATURE AND TYPED OR PRINTED MARKE OF SIGNANG MANAGERY, OR AUTHORIZED REPRESENTATIVE DISTO. CRYSTED Props 8											
	BAJRATURE /	AND TYPED OR PROVIDED INJAMES O	r saduri wanaging wewser, man	AGER, OR	AUTHORIZE	REPRESE	HIATIVE (Date	Ω	ytime Phone s		