

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121874

**FILED**  
**Jan 14, 2008**  
**Secretary of State**

**Entity Name:** ACOSTA DENTAL ASSOCIATES PL

**Current Principal Place of Business:**

308 E PARK STREET  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

308 E PARK STREET  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 20-3978573      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

ACOSTA, HENRY  
308 E PARK STREET  
AUBURNDALE, FL 33823      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:** ACOSTA, HENRY  
**Address:** 308 E PARK STREET  
**City-St-Zip:** AUBURNDALE, FL 33823

**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: HENRY ACOSTA

MGRM

01/14/2008

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