

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122687

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TLC DENTAL - FT. LAUDERDALE, LC

**Current Principal Place of Business:**

2655 E. OAKLAND PARK BLVD.  
SUITE 5  
FT. LAUDERDALE, FL 33306

**New Principal Place of Business:**

3012 E. COMMERCIAL BLVD.  
SUITE 101  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

2655 E. OAKLAND PARK BLVD.  
SUITE 5  
FT. LAUDERDALE, FL 33306

**New Mailing Address:**

3012 E. COMMERCIAL BLVD.  
SUITE 101  
FT. LAUDERDALE, FL 33308

FEI Number: 03-0576792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUCKEY, STEVEN D  
2655 E. OAKLAND PARK BLVD.  
SUITE 5  
FT. LAUDERDALE, FL 33306 US

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

MUCKEY, STEVEN D  
3012 E. COMMERCIAL BLVD.  
SUITE 101  
FT. LAUDERDALE, FL 33308 US

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: \_\_\_\_\_

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MUCKEY, STEVEN D  
Address: 2655 E. OAKLAND PARK BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33306

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MUCKEY, STEVEN D  
Address: 3012 E. COMMERCIAL BLVD. SUITE 101  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: STEVEN D. MUCKEY

MGR.

04/15/2009

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