

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000951

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Entity Name:** COSMETIC DENTISTRY OF STUART, PLLC

**Current Principal Place of Business:**

725 SE 5TH STREET  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

725 SE 5TH STREET  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 20-4075192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRECHBILL, MARK  
215 SOUTH FEDERAL HIGHWAY, SUITE 100  
STUART, FL 34994 US

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

BRECHBILL, MARK CPA  
215 SOUTH FEDERAL HIGHWAY  
SUITE 100  
STUART, FL 34994 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: MARK BRECHBILL

04/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VINCENZO, NICHOLAS A  
Address: 725 SE 5TH STREET  
City-St-Zip: STUART, FL 34994

**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 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: NICHOLAS A. VINCENZO

MGR

04/03/2007

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