2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000002259

1. Entity Name
SABO DENTAL CENTER, P.L.

Principal Place of Business	Mailing Address
333 W 41ST STREET 402 MIAMI BEACH, FL 33140	333 W 41ST STREET 402 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4094342	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

SABO, NICHOLAS J D.D.S.
333 W 41ST STREET
402
MIAMI BEACH, FL 33140

DO NOT WRITE
IN THIS SPACE

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8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000007410
05/05/08-80037-008 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SABO, NICHOLAS J D.D.S.
STREET ADDRESS	333 W 41ST STREET #402
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: _____   4/15/08   305-b32-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #