2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005937

Entity Name: WILLIAM GLOVER, III, DMD, LLC

1507 S. HIAWASSEE RD.STE.-209

ORLANDO, FL 32835

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1507 S. HIAWASSEE ROA SUITE 209 & 210 ORLANDO, FL 32835	AD			
Current Mailing Address:		New Mailing Address:		
1507 S. HIAWASSEE RD. SUITE 209 ORLANDO, FL 32835				
FEI Number: 20-4164823	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
GLOVER, WILLIAM DR 2855 CARDESSI DR. OCOEE, FL 34761 US				
The above named entity su in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both	
SIGNATURE:				
Electronic Signature of Registered Age		ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: MGR () E Name: GLOVER, WILLIA	Delete AM III	Title: Name:	() Change () Addition	

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: WILLIAM GLOVER,111,DMD,LLC MGR 01/16/2009