

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000005937

**Entity Name:** WILLIAM GLOVER, III, DMD, LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1507 S. HIAWASSEE ROAD  
SUITE 209 & 210  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

1507 S. HIAWASSEE RD.  
SUITE 209  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 20-4164823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLOVER, WILLIAM DR  
2855 CARDESSI DR.  
OCOE, FL 34761 US

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

GLOVER, WILLIAM DR  
1507 SO HIAWASSEE RD.  
209  
ORLANDO, FL 32835 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:

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GLOVER, WILLIAM III  
Address: 1507 S. HIAWASSEE RD.STE.-209  
City-St-Zip: ORLANDO, FL 32835

I hereby 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

01/04/2011

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