## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000028462

Entity Name: DR. FLUORIDE FREE, LLC

5582 NE 4TH COURT, LOFT 6

MIAMI, FL 33137

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 90 ALTON ROAD 2601 MIAMI BEACH, FL 33139 **New Mailing Address: Current Mailing Address:** 90 ALTON ROAD MIAMI BEACH, FL 33139 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAGA, VALERIA 90 ALTÓN ROAD 2601 MIAMI BEACH, FL 33139 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition BRAGA, VALERIA Name: Name: Address: 90 ALTON ROAD, #2601 Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition ACPZ VENTURE CAPITAL, COMPANY Name: Name: Address: 1308 DELAWARE AVENUE Address: City-St-Zip: WILMINGTON, DE City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MIARECKI, MICHAEL J Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: VALERIA BRAGA MRS 03/30/2009