09/06/2007 16:03 350-245-6030 REGISTRATI

FILED
Sep 11, 2007 8:00 am
Secretary of State
09-11-2007 90035 025 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000029163

1. Entity Name
SUPERIOR DENTAL LAB, L.L.C.

Principal Place of Business	Mailing Address
1304 DINSMORE ST. NORTH PORT, FL 34288	1304 DINSMORE ST. NORTH PORT, FL 34288

09062007 Chg-LLC CR2E083 (12/0

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1304 Dinsmore St.	1304 Dinsmore St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL	City & State: North Port, FL
Zip: 34288 Country: Sarasota	Zip: 34288 Country: Sarasota

4. FEI Number
43-2101555

5. Certificate of Status Desired — $5.00 Fee Req

6. Name and Address of Current Registered Agent

PINERO, ANTONIO H.
1304 DINSMORE ST.
NORTH PORT, FL 34288

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip C

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 w 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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable t
Florida Department of S

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINERO, ANTONIO H 1304 DINSMORE ST. NORTH PORT, FL 34288	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINERO, KIMBERLY L 1304 DINSMORE ST. NORTH PORT, FL 34288	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan
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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: Kimberly L Pinero 9/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Ph