## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000033260

1. Entity Name SAXON DENTAL, LLC



## FILED Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90108 040 \*\*\*138.75

Principal Place of Business   Brillian State   Brillian S									
2. Principal Pace of Business - No P O Box # 3. Mailing Address   Substance City, R. 32763   Substance	Principal Plac	e of Business	Mailing Address			1000000			
Suite Apt 4 etc.   Suite Apt 4 etc.   Suite Apt 4 etc.   City & State   City & City & State   City & City			* * * * * * * * * * * * * * * * * * * *		J	<b>"UUUJAD</b> J,			
Suite Apt 4 etc.   Suite Apt 4 etc.   Suite Apt 4 etc.   City & State   City & City & State   City & City									
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
20	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292008 Chg-LLC	CR2E083 (12/06)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the S	City & State		City & State				<u> </u>	-	
Neme and Address of Current Registered Agent  W & P SERVICES, INC. 450 N. WYMORE ROAD  WINTER PARK, FL 32789  8. The above named entry 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PST  MANAGING MEMBERS/MANAGERS  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  Florida Department of State	Zip	Country	Zip		ry	-5Certificate of Status Desired			
Name		6 Name and Address of Current	Registered Agent			7. Name and Address of New Re			
ASO N. WYMORE ROAD WINTER PARK, FL 32789    City   FL   Zip Code	O. Name and Address of Guitant Ragintered Agent								
E. 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	450 N. WYMORE ROAD			ļ	Street Address (P.O. Box Number is Not Acceptable)				
B. 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	J WINTER	AM, 1 & 02700							
SIGNATURE    Signature   Signa					City		FL Zip Code	6	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS / WANAGERS 10. ADDITIONS / CHANGES ITILE PATEL, BAHASKER C DR SIRET ADDRESS (CITY-ST-2P)  TITLE MGR PATEL, BAHASKER C DR SIRET ADDRESS (CITY-ST-2P)  TITLE MGR PATEL, BAHASKER C DR SIRET ADDRESS (CITY-ST-2P)  TITLE MGR PATEL, BAHASKER C DR SIRET ADDRESS (CITY-ST-2P)  TITLE MAME STREET ADDRESS (CITY-ST-2P)	SIGNATURE								
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE PATEL, BAHASKER C DR 11907 EAST COLONIAL DRIVE ORLANDO, FL 32826 CITY-ST-2P CITY-		Signature, typed or printed name or registered agent a	and (79) if applicable. (N	NOTE: Hegistered	Agent signature required	o when reinstating)	DATE	%	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it a limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/8/08

Daytime Phone #