


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Apr 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L06000035766**  
1. Entity Name  
**EWALDO WENDLER, DDS, PLLC**



Principal Place of Business      Mailing Address  
**7441 WAYNE AVENUE, APT. #12-P  
MIAMI BEACH FL 33141**      **7441 WAYNE AVENUE, APT. #12-P  
MIAMI BEACH FL 33141**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

**6. Name and Address of Current Registered Agent**

**WENDLER, EWALDO  
7441 WAYNE AVENUE, APT. #12-P  
MIAMI BEACH FL 33141**

4. FEI Number      Applied For  
**20-4776961**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

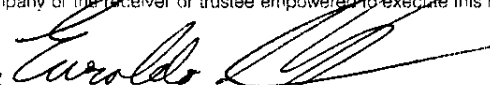
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

8. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WENDLER, EWALDO 7441 WAYNE AVENUE, APT. #12-P MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000929990 05/21/08-80091-003 138.75</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**       **04-23-08 (305) 8673781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #