

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035766

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** EWALDO WENDLER, DDS, PLLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7441 WAYNE AVENUE, APT. #14-K  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

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

**New Mailing Address:**

7441 WAYNE AVENUE, APT. #14-K  
MIAMI BEACH, FL 33141

FEI Number: 20-4776961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

WENDLER, EWALDO  
7441 WAYNE AVENUE, APT. #14-K  
MIAMI BEACH, FL 33141 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: EWALDO WENDLER

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WENDLER, EWALDO  
Address: 7441 WAYNE AVENUE, APT. #12-P  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WENDLER, EWALDO  
Address: 7441 WAYNE AVENUE, APT. #14-K  
City-St-Zip: MIAMI BEACH, FL 33141

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.

SIGNATURE: EWALDO WENDLER

MGRM

01/21/2009

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