

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035766

**FILED  
Jan 14, 2012  
Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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. #14-K  
MIAMI BEACH, FL 33141      US

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

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:**

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

I hereby 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      01/14/2012

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