

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046455

FILED
Apr 28, 2009
Secretary of State

Entity Name: UNIVERSITY DENTAL AND FACIAL AESTHETICS LLC

Current Principal Place of Business:

10441 QULAITY DR. # 105
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

17630 ARCHLAND PASS RD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-8751377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARMAN, DHIRAJ
17630 ARCHLAND PASS RD
LUTZ, FL 33558 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: MGR () Delete
Name: WARMAN, DHIRAJ
Address: 17630 ARCHLAND PASS RD
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WARMAN, DHIRAJ
Address: 17630 ARCHLAND PASS RD
City-St-Zip: LUTZ, FL 33558

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: DHIRAJ WARMAN

MGRM

04/28/2009

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