

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046455

**FILED**  
**Apr 29, 2011**  
**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: MGRM  
Name: WARMAN, DHIRAJ  
Address: 17630 ARCHLAND PASS RD  
City-St-Zip: LUTZ, FL 33558

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: DHIRAJ WARMAN

MGRM

04/29/2011

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