



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90065 020 ***138.75

DOCUMENT # L06000072496 1. Entity Name DENTURE CARE CENTER, LLC					
Principal Place of Business 18134 POWELL ROAD BROOKSVILLE, FL 34604			Mailing Address 18134 POWELL ROAD BROOKSVILLE, FL 34604		
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		
6. Name and Address of Current Registered Agent THE HOGAN LAW FIRM 20 S. BROAD STREET BROOKSVILLE, FL 34601					
7. Name and Address of New Registered Agent Name Sandra Roth Street Address (P.O. Box Number is Not Acceptable) 15298 Hickburn St. City Brooksville FL Zip Code 34604					
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 <i>Sandra Roth</i> DATE 1-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, SANDRA R 18108 POWELL ROAD, OAK WALKS PLAZA BROOKSVILLE, FL 34604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTH, DOUGLAS F D.D.S. 18108 POWELL ROAD, OAK WALKS PLAZA BROOKSVILLE, FL 34604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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01022008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5239429

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

Applied For
☐ Not Applicable

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Sandra Roth* **1-28-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #