

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072496

FILED
Apr 23, 2009
Secretary of State

Entity Name: DENTURE CARE CENTER, LLC

Current Principal Place of Business:

18134 POWELL ROAD
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

18134 POWELL ROAD
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 20-5239429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, SANDRA
15298 HIBURN ST
BROOKSVILLE, FL 34604 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 () Delete
Name: ROTH, SANDRA R
Address: 18108 POWELL ROAD, OAK WALKS PLAZA
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR () Delete
Name: ROTH, DOUGLAS F D.D.S.
Address: 18108 POWELL ROAD, OAK WALKS PLAZA
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROTH, SANDRA R
Address: 18134 POWELL ROAD, OAK WALKS PLAZA
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR (X) Change () Addition
Name: ROTH, DOUGLAS F D.D.S.
Address: 18134 POWELL ROAD, OAK WALKS PLAZA
City-St-Zip: BROOKSVILLE, FL 34604

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: SANDRA R ROTH

MGRM

04/23/2009

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