

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077248

FILED
Apr 25, 2007
Secretary of State

Entity Name: BELLA DENTE FINE DENTISTRY, LLC

Current Principal Place of Business:

13640 W. COLONIAL DRIVE
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

13650 W. COLONIAL DRIVE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

12140 WINDERMERE CROSSING CIR.
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 45-0546526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, JOHN
12140 WINDERMERE CROSSING CIR.
WINTER GARDEN, FL 34787 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: HARRIS, DALILA
Address: 13640 W. COLONIAL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM () Delete
Name: HARRIS, JOHN
Address: 13640 W. COLONIAL DRIVE,
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARRIS, DALILA
Address: 13650 W. COLONIAL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM (X) Change () Addition
Name: HARRIS, JOHN
Address: 13650 W. COLONIAL DRIVE,
City-St-Zip: WINTER GARDEN, FL 34787 US

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: JOHN HARRIS

MGRM

04/25/2007

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