

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000080690

Entity Name: OBT DENTAL SPA, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9753 S. ORANGE BLOSSOM TRAIL  
SUITE 10  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

9753 S. ORANGE BLOSSOM TRAIL  
SUITE 10  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 90-0359111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLMOS, RODOLFO DR  
420 S COUNTRY CLUB ROAD  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

OLMOS, RODOLFO DR  
9753 S ORANGE BLOSSOM  
SUITE 10  
ORLANDO, FL 32837 US

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: RODOLFO A OLMOS

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: OLMOS, RODOLFO

Address: 9753 S. ORANGE BLOSSOM TRAIL STE 10

City-St-Zip: ORLANDO, FL 32837

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: RODOLFO A OLMOS

MGR

04/21/2011

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