

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081473

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

**Entity Name:** PET FRIENDLY DENTAL CARE LLC

**Current Principal Place of Business:**

680 NE 64TH ST  
401A  
MIAMI, FL 33138

**New Principal Place of Business:**

1602 ALTON ROAD  
496  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

680 NE 64TH ST  
401A  
MIAMI, FL 33138

**New Mailing Address:**

1602 ALTON ROAD  
496  
MIAMI BEACH, FL 33139

**FEI Number:** 65-1297274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBERTELLI AND HALSEMA, P.L.  
595 SOUTH FEDERAL HWY  
130  
BOCA RATON, FL 33432 US

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

NICODEMO, JESSICA A MGRM  
1602 ALTON ROAD  
496  
MIAMI BEACH, FL 33139 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: JESSICA NICODEMO

03/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NICODEMO, JESSICA A  
Address: 1602 ALTON ROAD #496  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JESSICA NICODEMO

MGRM

03/19/2008

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