

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000095248

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** AMY HERTZ DMD AND MINTA LOPEZ-TORRES DMD, P.L.

**Current Principal Place of Business:**

5030 W.SR 46  
SUITE 1018  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

5030 W.SR 46  
SUITE 1018  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 20-5644793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BDB AGENT CO.  
5355 TOWN CENTER RD.  
SUITE 900  
BOCA RATON, FL 33486 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  
Name: LOPEZ-TORRES, MINTA  
Address: 5030 W. SR 46 SUITE 1018  
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM  
Name: HERTZ, AMY  
Address: 5030 W. SR 46 SUITE 1018  
City-St-Zip: SANFORD, FL 32771 US

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: MINTA W LOPEZ-TORRES

MGRM

01/06/2010

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