

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101495

Entity Name: DENTALBARGAINS, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

4345 OKEECHOBEE BLVD
SUITE F-5
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

4345 OKEECHOBEE BLVD
SUITE F-5
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-5730959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAVE, MARC J
4345 OKEECHOBEE BLVD
SUITE F-5
WEST PALM BEACH, FL 33409 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: STAVE, MARC J
Address: 4345 OKEECHOBEE BLVD., STE. F-5
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM () Delete
Name: STAVE, JOSEPH G
Address: 4345 OKEECHOBEE BLVD., STE. F-5
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM () Delete
Name: STAVE, ANDREW K
Address: 4345 OKEECHOBEE BLVD., STE. F-5
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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

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

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: MARC J STAVE

MGRM

02/04/2009

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