

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104606

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** BUENA VISTA DENTAL, PLLC

**Current Principal Place of Business:**

1950 LAUREL MANOR DRIVE  
SUITE 160  
THE VILLAGES, FL 32162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1950 LAUREL MANOR DRIVE  
SUITE 160  
THE VILLAGES, FL 32162 US

**New Mailing Address:**

**FEI Number:** 20-5784470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNETT, DAVID F  
1950 LAUREL MANOR DRIVE  
SUITE 160  
THE VILLAGES, FL 32162 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:** PRES  
**Name:** BARNETT, DAVID F  
**Address:** 1950 LAUREL MANOR DR #160  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** V  
**Name:** MCKNIGHT, KELLY A  
**Address:** 1950 LAUREL MANOR DR #160  
**City-St-Zip:** THE VILLAGES, FL 32162

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:** DAVID F BARNETT DMD

PRES

01/18/2011

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