

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000112388

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

**Entity Name:** THE SUBSTITUTE DENTAL HYGIENIST LLC

**Current Principal Place of Business:**

9560-5 LEM TURNER RD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

8267 MATHONIA AVE  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

9560-5 LEM TURNER RD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 20-5870794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, TONJA  
8267 MATHONIA AVENUE  
JACKSONVILLE, FL 32211 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: MGR  
Name: YOUNG, TONJA  
Address: 8267 MATHONIA AVE  
City-St-Zip: JACKSONVILLE, FL 32211

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: TONJA YOUNG

MGR

01/18/2011

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