

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113336

Entity Name: ELITE DENTAL, LLC

FILED  
Mar 19, 2008  
Secretary of State

**Current Principal Place of Business:**

851 WEST STATE ROAD 436  
SUITE 1021  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

851 WEST STATE ROAD 436  
SUITE 1021  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 20-5933055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTIN, MIRTHA V CPA  
420 S COUNTRY CLUB ROAD  
LAKE MARY, FL 32746 US

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

OLMOS, RODOLFO DR  
851 WEST STATE ROAD 436  
1021  
ALTAMONTE SPRINGS, FL 32714 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: RODOLFO OLMOS

03/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLMOS, RODOLFO A  
Address: 851 WEST STATE ROAD 436 SUITE 1021  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM ( ) Delete  
Name: GAITAN, GERMAN  
Address: 851 WEST STATE ROAD 436 SUITE 1021  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Delete  
Name: MIDDLETON, MANUEL  
Address: 851 WEST STATE ROAD 436 SUITE 1021  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**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: RODOLFO OLMOS

MGRM

03/19/2008

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