

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000004594

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** BELLA DENTES LLC

**Current Principal Place of Business:**

1629 SE 41ST STREET  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1629 SE 41ST STREET  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 20-8267715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZINKE, JOACHIM E  
1629 SE 41ST STREET  
CAPE CORAL, FL 33904 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: LECHNER, SIGRID DR. DR.  
Address: SCHLEIFERBERG 61  
City-St-Zip: PFAFFENHOFEN, BY 85276 DE

Title: MGR  
Name: ZINKE, JOACHIM E  
Address: 1629 SE 41ST STREET  
City-St-Zip: CAPE CORAL, FL 33904 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: JOACHIM E. ZINKE

MGR

01/04/2012

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