

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019603

**FILED**  
**Aug 22, 2008**  
**Secretary of State**

**Entity Name:** SOUTH BEACH DENTAL, L.L.C.

**Current Principal Place of Business:**

1830 N.E. 153RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

1840 N.E. 153RD STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1830 N.E. 153RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

1840 N.E. 153RD STREET  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 20-5373313      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LEE, HEATHER  
6633 ROXBURY LANE  
MIAMI BEACH, FL 33141      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: GARG, ARUN K  
Address: 1830 N.E. 153RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: GARG, ARUN K  
Address: 1840 N.E. 153RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: ARUN K. GARG

MGRM

08/22/2008

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