

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000026058

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

**Entity Name:** SAN REMO DENTAL, LLC

**Current Principal Place of Business:**

7701 SW 62 AVENUE  
A-1  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7701 SW 62 AVENUE  
A-1  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

RODRIGUEZ, JOSE  
7701 SW 62 AVENUE  
A-1  
MIAMI, FL 33143 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: RODRIGUEZ, JOSE  
Address: 7701 SW 62 AVENUE, UNIT A-1  
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, MARIA G  
Address: 7701 SW 62 AVENUE, UNIT A-1  
City-St-Zip: MIAMI, FL 33143 US

**ADDITIONS/CHANGES:**

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: JOSE E RODRIGUEZ                      PRES                      01/03/2008

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