L070000 32989

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entry Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
· Certified copies
Special Instructions to Filing Officer:
1
(LAND

Office Use Only

107-32989



300104819083

06/29/07--01015--036 **55.00

SECRETARY OF STATE
SALLAHASSEE, FLORIDA

JUN 29 AHII

COVER LETTER

Division of Corporations		•	
SUBJECT: Galil Dental Supply, LLC			
	Limited Lial	bility Company)	-
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Chan	ge and fee(s) are submitted for fil	ing.
Please return all correspondence concerning	this matter	to the following:	
Anthony Oliver			0
(Name of Person)		· 	7 J
Galil Dental Supply, LLC			OT JUN 29 SECRETARY FALLARIASS
(Firm/Company)			F G E
5560 SW 113th Ave			AM 11: 23 SEE. FLORID
(Address)		,	D '
Cooper City, FL 33330	,		
(City/State and Zip Code)		<u> </u>	
For further information concerning this matt	ter, please c	all:	
- Anthony Oliver	at (954	336-2927	_
(Name of Person)		(Area Code & Daytime Telepho	one Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	·
Enclosed is a check for the following	ng amount:	•	
\$25 Filing Fee	V	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

<i>3</i> , ,	J				
1. The name of the limit	ed liability comp	any is: Galil Denta	l Supply, LLC		•
2. The mailing address of	of the limited liab	oility company is:			.•
5560 SW 113th Ave	W	Cooper City,FL	3333	0	
03/27/07		1	L07000032989		
3. Date of filing/registra	tion in Florida		4. Document nu	mber	
5. The name of the regis Florida Department of	tered agent and th	ne registered offic	e address as shown	on the records of the	
·······································	Ronit Oliver				
		Name		_	
	18968 NE 4th	Court			
		Address		-	
	North Miami B	each, FL 33179			
		City, State and	Zip	-	
6. The name and address	of the new regis	tered agent and/or	office:	07 JUN 29 AM II: 23 SECRETARY OF STATE TALLAHASSEE FLORID	
•	Anthony Olive	r			****
		Name		29	7166
	5560 SW 113tl			SHA P	(
	Florida street	address (P.O. Box	(NOT acceptable)	PF C	
	Cooper City	FL 333	330	PATE 97.23	
		City, State and Z	ip	A 3	
liability company it is b	change or change of the registered a ereby confirmed mited liability co ent of the limited	es are made, the F agent will be ident that the change(s) empany or as othe liability company	lorida street addres ical. Or, in the cas was/were authoriz	Florida, it is hereby s of the registered office e of a Florida limited ted by an affirmative vote he articles of organization	
		,			
Anthony Oliver			_		
(Printed or typed name of signe	•				
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confir	ointment as regis ons of all statutes ind accept the obj f this document is mthat the limited	tered agent and a relative to the pro- ligations of my po being filed to me l liability compan	gree to act in this coper and complete sition as registered reflect a chang has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (8/05)

(Signature of Registered Agent)