

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032999

Entity Name: HIKARU DENTAL ART LLC

FILED
May 03, 2010
Secretary of State

Current Principal Place of Business:

527 SOUTH BRANCH DRIVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

1725 S SUMMER RIDGE CT
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

527 SOUTH BRANCH DRIVE
JACKSONVILLE, FL 32259

New Mailing Address:

1725 S SUMMER RIDGE CT
SAINT AUGUSTINE, FL 32092

FEI Number: 20-8916124 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:

DOLSENHE, GEEMU P
527 SOUTH BRANCH DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

DOLSENHE, GEEMU P
1725 S SUMMER RIDGE CT
SAINT AUGUSTINE, FL 32092 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: _____

Electronic Signature of Registered Agent

05/03/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DOLSENHE, GEEMU P
Address: 1725 S SUMMER RIDGE CT
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: GEEMU DOLSENHE

P

05/03/2010

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