

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



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FILED
Apr 01, 2008 8:00 am
Secretary of State

03-03-2008 90404 013 ***138.75

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DOCUMENT # L07000036491					
1. Entity Name DR. E'S TEETHEFFEX, LLC					
Principal Place of Business 2510 US HIGHWAY 1 S SUITE B ST. AUGUSTINE, FL 32086 US			Mailing Address 2510 US HIGHWAY 1 S SUITE B ST. AUGUSTINE, FL 32086 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0664351	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELANNAN, ERICA N 2510 US HIGHWAY 1 S SUITE B ST. AUGUSTINE, FL 32086			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<div> <div>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div> <div>Make check payable to Florida Department of State</div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELANNAN, ERICA N <input type="checkbox"/> Delete 2510 US HIGHWAY 1 S ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			Date 2-28-08 904 797.6154		