

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047818

FILED
Apr 30, 2009
Secretary of State

Entity Name: PRECISION DENTAL LABORATORY, LLC

Current Principal Place of Business:

807 DR. MARTIN LUTHER KING W.
SEFFNER, FL 33584 US

New Principal Place of Business:

807 DR. MARTIN LUTHER KING BLVD. W.
1
SEFFNER, FL 33584 US

Current Mailing Address:

807 DR. MARTIN LUTHER KING W.
SEFFNER, FL 33584 US

New Mailing Address:

807 DR. MARTIN LUTHER KING BLVD. W.
1
SEFFNER, FL 33584 US

FEI Number: 26-0147902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, JODY
807 DR. MARTIN LUTHER KING W.
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

MARTINEZ, JODY D MR.
807 DR. MARTIN LUTHER KING W.
1
SEFFNER, FL 33584 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: JODY MARTINEZ

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, JODY
Address: 807 DR. MARTIN LUTHER KING W.
City-St-Zip: SEFFNER, FL 33584 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, JODY D MR.
Address: 807 DR. MARTIN LUTHER KING W.
City-St-Zip: SEFFNER, FL 33584 US

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: JODY MARTINEZ

MR.

04/30/2009

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