

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051212

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** VILLAGE CRAFTSMAN, L.L.C.

**Current Principal Place of Business:**

4023 SOUTH WEST SHORE BOULEVARD  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

4023 SOUTH WEST SHORE BOULEVARD  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 26-0162735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ DE CASTILLA, GUSTAVO S D.M.D.  
4129 WEST KENNEDY BOULEVARD  
SUITE 1  
TAMPA, FL 33609 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:** MGR  
**Name:** RUIZ DE CASTILLA, GUSTAVO S D.M.D.  
**Address:** 17212 BROADOAK DRIVE  
**City-St-Zip:** TAMPA, FL 33647 US

**Title:** MGR  
**Name:** SCIAME, STEVE  
**Address:** 4308 WATROUS  
**City-St-Zip:** TAMPA, FL 33629 US

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:** GUSTAVO RUIZ DE CASTILLA, D.M.D., M.M.SC.

CEO

03/18/2010

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