

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063886

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** CARLY L. LEMLEY, D.D.S., LLC

**Current Principal Place of Business:**

1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907

**New Mailing Address:**

20315 TORRE DEL LAGO STREET  
ESTERO, FL 33928

**FEI Number:** 26-0336248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAL ADAMS, P.A.  
1642 MEDICAL LANE  
SUITE A  
FORT MYERS, FL 33907 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:** MGRM ( ) Delete  
**Name:** LEMLEY, CARLY L D.D.S.  
**Address:** 1642 MEDICAL LANE, SUITE A  
**City-St-Zip:** FORT MYERS, FL 33907 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** CARLY LEMLEY, DDS

MGRM

04/07/2009

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