

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90064 030 ***138.75

DOCUMENT # L07000068594

1. Entity Name

SPACE COAST DENTAL LAB, LLC



Principal Place of Business

3345 N. COURTENAY PARKWAY
SUITE 105
MERRITT ISLAND FL 32953
US

Mailing Address

3345 N. COURTENAY PARKWAY
SUITE 105
MERRITT ISLAND FL 32953
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 105 3345 N. Courtenay Parkway

Suite, Apt. #, etc.

Suite 105 3345 N. Courtenay Parkway

City & State

City & State

Merritt Island FL

Merritt Island FL

Zip

Country

Zip

Country

32953

BRUNARD

32953

BRUNARD

1st MOORE

CR2E083 (10/07)

4. FEI Number

651313252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, ROBERT A D.M.D.
3345 N. COURTENAY PARKWAY
SUITE 105
MERRITT ISLAND FL 32953

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

Robert A. Matthews

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

2-8-08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MATTHEWS, ROBERT A D.M.D.
3345 N. COURTENAY PARKWAY, SUITE 105
MERRITT ISLAND FL 32953

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert A. Matthews

2-8-08