2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000074454

Entity Name: BLUEDENT PROSTHETICS, LLC

Current Principal Place of Business:

2965 DUFF ROAD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

2965 DUFF ROAD
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 26-0555863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ACCOUNTING, TAX & FINANCIAL SERVICES INC
510 MARCUM ROAD
LAKELAND, FL FL 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: CHARLES A HOWELL 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEBERT, DONALD A
Address: 733 CARPENTERS WAY, #38
City-St-Zip: LAKELAND, FL 33809 US

Title: MGRM ( ) Delete
Name: WHITE, RICHARD C
Address: 8343 CHANCE DR.
City-St-Zip: LAKELAND, FL 33809 US

ADDITIONS/CHANGES:

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

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: RICHARD C WHITE PRES 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date