

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076624

FILED
Mar 07, 2008
Secretary of State

Entity Name: AFTER HOURS DENTAL CARE LLC

Current Principal Place of Business:

150 SW CHAMBER COURT
SUITE 201
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

150 SW CHAMBER COURT
SUITE 201
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CEGIELSKI, JAROSLAW
150 SW CHAMBER COURT
SUITE 201
PORT ST. LUCIE, FL 34986 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 () Delete
Name: CEGIELSKI, JAROSLAW
Address: 150 SW CHAMBER COURT, SUITE 201
City-St-Zip: PORT ST. LUCIE, FL 34986

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: CEGIELSKI MGR 03/07/2008

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