

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

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90240 019 ***138.75

DOCUMENT # L07000077794

1. Entity Name

DENTWORKS, LLC



Principal Place of Business

347 45TH ST. CT. W.
PALMETTO FL 34221

Mailing Address

347 45TH ST. CT. W.
PALMETTO FL 34221



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

1768 W. Groveleaf Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

Palm Harbor, FL.

City & State

Same

Zip

34683

Country

USA

Zip

Same

Country

Same

4. FEI Number

26-0903518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

DIMMITT, NEIL W
347 45TH ST. CT. W.
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name

Neil W. Dimmitt

Street Address (P.O. Box Number is Not Acceptable)

1768 W. Groveleaf Ave.

City

Palm Harbor

FL

Zip Code

34683

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

[Signature]

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

(NOTE: Registered Agent Signature required when registering)

DATE

3-4-08

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

TITLE MGR ☐ Delete
NAME DIMMITT, NEIL W
STREET ADDRESS 347 45TH ST. CT. W.
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Neil W. Dimmitt
STREET ADDRESS 1768 W. Groveleaf Ave.
CITY-ST-ZIP Palm Harbor, Florida 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-4-08

Date

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