


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90153 018 \*\*\*138.75

**DOCUMENT # L07000086220**

1. Entity Name  
**METDENT, LLC**



Principal Place of Business  
**9535 SILVER LAKE DR.  
 LEESBURG, FL 34788 US**

Mailing Address  
**9535 SILVER LAKE DR.  
 LEESBURG, FL 34788 US**

**50004533**

2. Principal Place of Business - No P.O. Box #  
**862 Shellbark Way**

3. Mailing Address  
**862 Shellbark Way**

Suite, Apt. #, etc.



03012008 Chg-LLC CR2E083 (12/06)

City & State  
**The Villages, FL**

City & State  
**The Villages, FL**

Zip  
**32162** Country  
**USA**

Zip  
**32162** Country  
**USA**

4. FEI Number  
**33-1182204**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**COSTELLO, JAMES P DDS  
 9535 SILVER LAKE DR.  
 LEESBURG, FL 34788**

7. Name and Address of New Registered Agent

Name  
**Costello, James P**

Street Address (P.O. Box Number is Not Acceptable)  
**862 Shellbark Way**

City  
**The Villages** **FL** Zip Code  
**32162**

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  **James P. Costello** (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSTELLO, JAMES P DDS 9535 SILVER LAKE DRIVE LEESBURG, FL 34788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Castello, James P 862 Shellbark Way The Villages, FL 32162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Metcalf, Jeffrey 2497 Enterprise Rd Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **James P. Costello** Date Daytime Phone #