

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086606

Entity Name: RAED ALOUL, DDS, P.L.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

15019 ARBOR RESERVE CIRCLE, UNIT 112
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

15019 ARBOR RESERVE CIRCLE, UNIT 112
TAMPA, FL 33624

New Mailing Address:

FEI Number: 41-2250432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIN SMITH AEBEL
101 E. KENNEDY BLVD., SUITE 2800
SHUMAKER, LOOP & KENDRICK, LLP
TAMPA, FL 33602 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: DR () Delete
Name: ALOUL, RAED
Address: 15019 ARBOR RESERVE CIRCLE, UNIT 112
City-St-Zip: TAMPA, FL 33624

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: RALOUL

DR

01/07/2009

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