2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L07000089532

Entity Name: SHAUN D. GRASER, DMD, PLC

Current Principal Place of Business:

321 NOKOMIS AVE. S.
VENICE, FL 34285

New Principal Place of Business:

321 NOKOMIS AVE. S.
SUITE A
VENICE, FL 34285

Current Mailing Address:

321 NOKOMIS AVE. S.
VENICE, FL 34285

New Mailing Address:

321 NOKOMIS AVE. S.
SUITE A
VENICE, FL 34285

FEI Number: 26-1134300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORBRIDGE, C. KELLEY
240 NOKOMIS AVE. SOUTH SUITE 200
VENICE, FL 34285 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: MGRM ( ) Delete
Name: GRASER, SHAUN D DMD
Address: 321 NOKOMIS AVE. S.
City-St-Zip: VENICE, FL 34285

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: SHAUN D. GRASER, DMD,PLC MGRM 01/10/2009

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