

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090398

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** CLERMONT DENTAL SPECIALISTS, LLC

**Current Principal Place of Business:**

265 HATTERAS AVENUE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

265 HATTERAS AVENUE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 26-2407222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SINOPOLI, DARREN W  
265 HATTERAS AVE  
SUITE 2  
CLERMONT, FL 34711 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  
**Name:** SOUTH LAKE DENTAL SPECIALISTS, LLP  
**Address:** 265 HATTERAS AVENUE  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** MGRM  
**Name:** SINOPOLI, DARREN W  
**Address:** 265 HATTERAS AVENUE  
**City-St-Zip:** CLERMONT, FL 34711

I hereby 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:** DARREN W SINOPOLI

VP

02/08/2012

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