

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093587

FILED  
Apr 26, 2008  
Secretary of State

**Entity Name:** BRIAN C. BARRON, D.M.D., LLC

**Current Principal Place of Business:**

2220 VENETIAN COURT SUITE 7-A  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1091  
NOME, AK 99762 US

**New Mailing Address:**

15495 MARCELLO CIRCLE  
NAPLES, FL 34110 US

**FEI Number:** 26-0897616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRON, BRIAN C  
2220 VENETIAN COURT SUITE 7-A  
NAPLES, FL 34109 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: BARRON, BRIAN  
Address: P.O. BOX 1091  
City-St-Zip: NOME, AK 99762 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARRON, BRIAN  
Address: 15495 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110 US

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: BRIAN C. BARRON

MGRM

04/26/2008

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