2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # L07000099137 1. Entity Name SUNCOAST ORTHODONTIC LABORATORY, LLC							04-09-2008 9	•	8 ***138.	75
Principal Place of Business 1978 ARKANSAS AVENUE ENGLEWOOD, FL 34224			Mailing Address 1978 ARKANSAS AVENUE ENGLEWOOD, FL 34224		 				8181 H886 Hit 1888	
Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062008	Chg-LLC	CR2E) 083 (12/06)		
City & State			City & State			4. FEI Numb 06 - 18	a 27884		<u> </u>	oplied For ot Applicable
Zip		Country	Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		No.	7. Name and	Address of New R	egistered	Agent	<u></u>
NYDEGGE	FR CORE	Y.I			Name				! -	
1978 ARK	ANSAS A	VENUE			Street Address	s (P.O. Box Numb	er is Not Acceptable	p)		
					City			FL	Zip Cod	e
8. The above the obligat	named entit	y submits this statement fo tered agent.	or the purpose of changing its	register	ed office or regist	tered agent, or bo	th, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	E: Registere	id Agent signature requi	red when reinets/inn)		DATE		
		FEE IS \$138.75 Fee will be \$538.7!	5			,			payable to lent of State	G
				10.				Departn	ent of State	B
After May	MGRM NYDEGG 1978 ARK	Fee will be \$538.75		TITLE NAM STRE			Florida	Departn	ent of State	Addition
9. TITLE NAME STREET ADDRESS	MGRM NYDEGG 1978 ARK	MANAGING MEMBER MER, COREY J KANSAS AVENUE	ERS/MANAGERS	TITLE NAM STRE CITY TITLE NAM STRE	eet address - St- Zip		Florida	Departn	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM NYDEGG 1978 ARK	MANAGING MEMBER MER, COREY J KANSAS AVENUE	ERS/MANAGERS Delicte	TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EE -ST-ZIP E E		Florida	Departn	Change	Addition
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17. I hereby certify mat the information supplied with this hilling 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 AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/0/08

941-270-2811

Daytime Phone #