

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119111

FILED
Apr 30, 2012
Secretary of State

Entity Name: WESTMINSTER DENTAL, LLC

Current Principal Place of Business:

50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 26-1486877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITCHMORE, LOVEN A
50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936 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: MGR
Name: LITCHMORE, LOVEN A
Address: 50 WESTMINSTER STREET N
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM
Name: LITCHMORE, ISOLINE
Address: 50 WESTMINSTER STREET N
City-St-Zip: LEHIGH ACRES, FL 33936

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: LOVEN A LITCHMORE

PR

04/30/2012

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