

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124983

Entity Name: DENTAL INSURANCE, LLC

FILED
Feb 07, 2011
Secretary of State

Current Principal Place of Business:

167 PELICAN WAY
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

167 PELICAN WAY
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 26-1619514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, ANDREW
167 PELICAN WAY
PANAMA CITY BEACH, FL 32408 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: MURPHY, ANDREW
Address: 167 PELICAN WAY
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: ANDREW MURPHY

MGRM

02/07/2011

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