

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124983

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** DENTAL INSURANCE, LLC

**Current Principal Place of Business:**

167 PELICAN WAY  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

3909 URAL ST.  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

167 PELICAN WAY  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

P.O. BOX 18922  
PANAMA CITY BEACH, FL 32417

**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:**

MURPHY, ANDREW  
3909 URAL ST.  
PANAMA CITY BEACH, FL 32408 US

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:

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MURPHY, ANDREW  
Address: 3909 URAL ST.  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGR  
Name: MURPHY, ASHLEY  
Address: 3909 URAL ST.  
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

04/16/2012

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