

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002796

FILED
Apr 27, 2012
Secretary of State

Entity Name: MOBILE DENT MASTERS LLC

Current Principal Place of Business:

790 NORTH WEST 34TH STREET
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

790 NORTH WEST 34TH STREET
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 26-1709026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELAZQUEZ, HECTOR G
790 NORTH WEST 34TH STREET
OKLAND PARK, FL 33309 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: VELAZQUEZ, HECTOR G
Address: 790 NORTH WEST 34TH STREET
City-St-Zip: OAKLAND PARK, FL 33309

Title: MGR
Name: VELASQUEZ, JOEL LUCA
Address: 790 NORTH WEST 34TH BLVD
City-St-Zip: FT LAUDERDALE, FL 33309

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: HECTOR G. VELASQUEZ

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04/27/2012

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