

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010124

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** COMPLETE DENTURE RESOURCES, LLC

**Current Principal Place of Business:**

6231 MORNING DRIVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

6231 MORNING DRIVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:** 26-1865202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
PO BOX 2491  
DAYTONA BEACH, FL 321152491 US

**Name and Address of New Registered Agent:**

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 321152491 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:**

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TRAYLOR, GWENDOLYN  
Address: 6231 MORNING DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR (X) Delete  
Name: TRAYLOR, JEFF  
Address: 6231 MORNING DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** GWENDOLYN TRAYLOR

MGR

04/30/2009

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