

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017137

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** ECONOMY DENTURES OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

1680 DUNN AVE. SUITE 31  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1680 DUNN AVE. SUITE 31  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 59-2113098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANNON, GRAYLING E ESQ  
644 CESERY BLVD. SUITE 250  
JACKSONVILLE, FL 32211 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: LEROY R. POLITE, DMD, P.A.  
Address: 1680 DUNN AVE. SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32218

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: LEROY R. POLITE D.M.D.

MGRM

02/18/2010

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