

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032939

**FILED**  
**Mar 14, 2009**  
**Secretary of State**

**Entity Name:** DENVER'S DENTAL EQUIP. REPAIR, LLC

**Current Principal Place of Business:**

7901 BAYMEADOWS CIRCLE APT. 349  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

6114 SHADEHILL RD  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

7901 BAYMEADOWS CIRCLE APT. 349  
JACKSONVILLE, FL 32256

**New Mailing Address:**

6114 SHADEHILL RD  
JACKSONVILLE, FL 32258

FEI Number: 30-0470162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITE, DENVER E  
7901 BAYMEADOWS CIRCLE APT. 349  
JACKSONVILLE, FL 32256 US

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

WHITE, DENVER E  
6114 SHADEHILL RD  
JACKSONVILLE, FL 32258 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: \_\_\_\_\_

03/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHITE, DENVER E  
Address: 7901 BAYMEADOWS CIRCLE APT. 349  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WHITE, DENVER E  
Address: 6114 SHADEHILL RD  
City-St-Zip: JACKSONVILLE, FL 32258

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: DENVER E WHITE

MGR

03/14/2009

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