

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041102

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SIESTA SMILES DENTAL CARE, LLC

**Current Principal Place of Business:**

5221 AVENIDA NAVARRA  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

609 SOUTH TAMIAMI TRAIL  
VENICE, FL 34285

**New Mailing Address:**

5221 AVENIDA NAVARRA  
SARASOTA, FL 34242

**FEI Number:** 41-2278355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAETA, JOSEPH JR.  
609 S. TAMIAMI TRAIL  
VENICE, FL 34285 US

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

GAETA, JOSEPH JR.  
5221 AVENIDA NAVARRA  
SARASOTA, FL 34242 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GAETA, JOSEPH A JR.  
Address: 5221 AVENIDA NAVARRA  
City-St-Zip: SARASOTA, FL 34242

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: JOSEPH A GAETA JR

MGRM

04/20/2011

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