

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062050

FILED
Apr 22, 2009
Secretary of State

Entity Name: TAVARES DENTAL EXCELLENCE LLC

Current Principal Place of Business:

215 E BURLEIGH BLVD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

215 E BURLEIGH BLVD
TAVARES, FL 32778

New Mailing Address:

FEI Number: 80-0233768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REINERTSEN, CHARLES W
215 E BURLEIGH BLVD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

LUONG, MARIA T
215 E BURLEIGH BLVD
TAVARES, FL 32778 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: MARIA T. LUONG

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REINERTSEN, CHARLES
Address: 215 E BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: LUONG, MARIA T
Address: 215 E BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778

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: MARIA T. LUONG

MGR

04/22/2009

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