

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062050

**FILED**  
**Feb 10, 2010**  
**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:**

LUONG, MARIA T  
215 E BURLEIGH BLVD  
TAVARES, FL 32778 US

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

REINERTSEN, CHARLES W  
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: CHARLES W. REINERTSEN

02/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: CHARLES W. REINERTSEN

MGR

02/10/2010

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