

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069449

FILED
Apr 27, 2009
Secretary of State

Entity Name: DINGS N DENTS LLC.

Current Principal Place of Business:

802 PERKINS LN.
NOKOMIS, FL 34275 US

New Principal Place of Business:

2306 HERMITAGE BLVD.
VENICE, FL 34292 US

Current Mailing Address:

802 PERKINS LN.
NOKOMIS, FL 34275 US

New Mailing Address:

2306 HERMITAGE BLVD.
VENICE, FL 34292 US

FEI Number: 11-3746553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ETHEL A
802 PERKINS LN.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

SMITH, ETHEL A
2306 HERMITAGE BLVD.
VENICE, FL 34292 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, ESTHER M
Address: 802 PERKINS LN.
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGRM () Delete
Name: SMITH, RANDY R
Address: 802 PERKINS LN.
City-St-Zip: NOKOMIS, FL 34275 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, ESTHER M
Address: 2306 HERMITAGE BLVD.
City-St-Zip: VENICE, FL 34292 US

Title: MGRM (X) Change () Addition
Name: SMITH, RANDY R
Address: 2306 HERMITAGE BLVD.
City-St-Zip: VENICE, FL 34292 US

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: RANDY R SMITH

MGRM

04/27/2009

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