

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074326

Entity Name: LISA M. MANGIARELLI DMD LLC

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

734 SHERWOOD TERRACE DR., APT. 102  
ORLANDO, FL 32818

## New Principal Place of Business:

1507 S. HIAWASSEE RD.  
SUITE 202  
ORLANDO, FL 32835

## Current Mailing Address:

734 SHERWOOD TERRACE DR., APT. 102  
ORLANDO, FL 32818

## New Mailing Address:

1507 S. HIAWASSEE RD.  
SUITE 202  
ORLANDO, FL 32835

FEI Number: 26-2844732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANGIARELLI, LISA M  
734 SHERWOOD TERRACE DR., APT. 102  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

MANGIARELLI, LISA M  
1507 S. HIAWASSEE RD.  
SUITE 202  
ORLANDO, FL 32835 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: LISA M. MANGIARELLI DMD

03/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MANGIARELLI, LISA M  
Address: 734 SHERWOOD TERRACE DR., APT. 102  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MANGIARELLI, LISA M  
Address: 1507 S. HIAWASSEE RD. SUITE 202  
City-St-Zip: ORLANDO, FL 32835

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: LISA M. MANGIARELLI DMD

MGRM

03/10/2009

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