

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078257

FILED
Apr 04, 2011
Secretary of State

Entity Name: IMPLANT DISTRIBUTORS, LLC

Current Principal Place of Business:

1245 ASHBOURNE CIRCLE
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1245 ASHBOURNE CIRCLE
TRINITY, FL 34655

New Mailing Address:

FEI Number: 26-3176068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, MARIELLEN R
1245 ASHBOURNE CIRCLE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MURRAY, MARIELLEN R
Address: 1245 ASHBOURNE CIRCLE
City-St-Zip: TRINITY, FL 34655

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: MARIELLEN MURRAY

MGR

04/04/2011

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