2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# L08000079876

Entity Name: TALLAHASSEE DENTAL WORKZ, L.L.C.

Current Principal Place of Business:

6008 OX BOTTOM MANOR DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

PMB 206, 2910 KERRY FOREST PARKWAY
SUITE D4
TALLAHASSEE, FL 32309

New Mailing Address:

PMB 205, 2910 KERRY FOREST PARKWAY
SUITE D4
TALLAHASSEE, FL 32309

FEI Number: 26-3213060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POLK, ANTHONY D
6008 OX BOTTOM MANOR DRIVE
TALLAHASSEE, FL 32312 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: MGRM ( ) Delete
Name: POLK, ANTHONY D D.D.S.
Address: 6008 OX BOTTOM MANOR DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

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

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: ANTHONY D POLK MGRM 07/15/2009

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