

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081410

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** FAUNCE ORTHODONTICS, LLC

**Current Principal Place of Business:**

160 CYPRESS POINT PKWY.  
SUITE D-217  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

160 CYPRESS POINT PKWY.  
SUITE D-217  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 26-3255427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAUNCE, REBECCA A DMD  
160 CYPRESS POINT PKWY  
SUITE D-217  
PALM COAST, FL 32164 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: FAUNCE, REBECCA A DMD  
Address: 160 CYPRESS POINT PKWY., D-217  
City-St-Zip: PALM COAST, FL 32164

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: REBECCA A FAUNCE

MNG

01/24/2011

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