

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082743

FILED
Mar 25, 2009
Secretary of State

Entity Name: REPAIR EXPRESS DENTAL SERVICES LLC

Current Principal Place of Business:

672 BRANCH DR.
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

672 BRANCH DR.
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORNELL, STEVE E
672 BRANCH DR.
PORT ORANGE, FL 32127 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 Delete
Name: CORNELL, STEVEN E
Address: 672 BRANCH DR.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

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

Title: MGR Delete
Name: RITTER, HARRIS
Address: 672 BRANCH DR.
City-St-Zip: PORT ORANGE, FL 32127

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: STEVEN E CORNELL

MGR

03/25/2009

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