# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2011**
**Secretary of State**

DOCUMENT# L08000083333

**Entity Name:** TOTAL ORTHODONTIC, DENTAL LAB LLC

**Current Principal Place of Business:**

12237 SW 132 COURT
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

11365 NW 50TH. TERRACE
DORAL, FL 33178

**New Mailing Address:**

**FEI Number: 26-3317613** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MARIO, SOLLA
11365 NW 50TH. TERRACE
DORAL, FL 33178 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: SOLLA, MARIO
Address: 11365 NW 50TH. TERRACE
City-St-Zip: DORAL, FL 33178 US

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 Statues.

SIGNATURE: MARIO SOLLA MGR 04/28/2011

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