

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109213

FILED
Mar 30, 2009
Secretary of State

Entity Name: T L C SPRUKE CREEK DENTAL, LLC

Current Principal Place of Business:

17820 SE 109TH AVE
UNIT 1
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

17820 SE 109TH AVE
UNIT 1
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 26-1858658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMOS, RODOLFO A DR
9558 CYPRESS PINE ST
ORLANDO, FL 32827 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: OLMOS, RODOLFO DR
Address: 17820 SE 109TH AVE - UNIT 1
City-St-Zip: SUMMERFIELD, FL 34491

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: RODOLFO OLMOS

MGR

03/30/2009

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