

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112999

FILED
Jan 17, 2009
Secretary of State

Entity Name: ANDREW ZERBINOPOULOS, DMD, PLLC

Current Principal Place of Business:

7899 BAYMEADOWS WAY
STE. 3
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

14951 WALDEN SPRING WAY
APT. 1101
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 26-3905275 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZERBINOPOULOS, ANDREW DMD
14951 WALDEN SPRING WAY
APT. 1101
JACKSONVILLE, FL 32258 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: ZERBINOPOULOS, ANDREW DMD
Address: 14951 WALDEN SPRING WAY APT. 1101
City-St-Zip: JACKSONVILLE, FL 32258 US

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: ANDREW ZERBINOPOULOS, DMD MGR 01/17/2009

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