

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116102

FILED
Mar 26, 2009
Secretary of State

Entity Name: FOUR SEASON DENTAL, LLC

Current Principal Place of Business:

1970 E. OSCEOLA PARKWAY
SUITE 338
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

1970 E. OSCEOLA PARKWAY
SUITE 338
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 26-3915960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, MORALES DR
1051 WOOD COVE
KISSIMMEE, FL 34743 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: MORALES, HERMAN DR
Address: 1051 WOOD COVE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGR () Delete
Name: GARCIA, FRANCISCO
Address: 4908 OLDE KERRY DR
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES:

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

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: HERMAN MORALES

MGR

03/26/2009

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