

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116102

Entity Name: FOUR SEASON DENTAL, LLC

FILED
Apr 07, 2011
Secretary of State

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

SIGNATURE: MORALES, HERMAN DR

MGR

04/07/2011

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