

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012148

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** MASSAGLIA DENTAL OFFICE, LLC

**Current Principal Place of Business:**

578 NE DIXIE HWY.  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

578 NE DIXIE HWY.  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 65-0311103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASSAGLIA, LON D.D.S.  
1079 NE PINEHILL TERR.  
JENSEN BEACH, FL 34957 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:** MASSAGLIA, LON D.D.S.  
**Address:** 1079 NE PINEHILL TER.  
**City-St-Zip:** JENSEN BEACH, FL 34957

**Title:** MGRM  
**Name:** MASSAGLIA, SHARON A  
**Address:** 1079 NE PINEHILL TERR.  
**City-St-Zip:** JENSEN BEACH, FL 34957

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:** SHARON MASSAGLIA

MGRM

04/17/2012

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