

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030657

Entity Name: GOSTOUT DENTAL, LLC

**FILED**  
**Apr 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2202 BEACH PARKWAY WEST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

407 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2202 BEACH PARKWAY WEST  
CAPE CORAL, FL 33914

**New Mailing Address:**

407 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904

FEI Number: 01-0925069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GOSTOUT, PETER  
2202 BEACH PARKWAY WEST  
CAPE CORAL, FL 33914 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: MGRM  
Name: GOSTOUT, PETER  
Address: 2202 BEACH PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

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: PETER GOSTOUT

MGRM

04/10/2010

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