

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000052715

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** FRANKLIN DENTAL GROUP LLC

**Current Principal Place of Business:**

3110 W SAN MIGUEL ST  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18452  
TAMPA, FL 336792203

**New Mailing Address:**

**FEI Number:** 27-0657929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKLIN, KEVIN DR  
3110 W SAN MIGUEL ST  
TAMPA, FL 33629 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:** FRANKLIN, KEVIN DR  
**Address:** 3110 W SAN MIGUEL ST  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGRM  
**Name:** FRANKLIN, BRIAN  
**Address:** 1325 MINERAL SPRINGS RD  
**City-St-Zip:** HOSCHTON, GA 30548

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: BRIAN FRANKLIN

MGRM

03/02/2010

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