

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055820

**FILED**  
**Aug 20, 2010**  
**Secretary of State**

**Entity Name:** PLB VILLAGE DENTAL, LLC

**Current Principal Place of Business:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

603 VILLAGE BLVD.  
SUITE 304  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

603 VILLAGE BLVD.  
SUITE 304  
WEST PALM BEACH, FL 33409

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: BLANK, PERRIN L  
Address: 603 VILLAGE BLVD., SUITE 304  
City-St-Zip: WEST PALM BEACH, FL 33409

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: PERRIN L. BLANK

MGRM

08/20/2010

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