

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059318

**Entity Name:** VALLEJO DENTAL GROUP, LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1911 NW 150TH AVE  
STE 201  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

101 NORTH PINE ISLAND RD  
STE 101  
PLANTATION, FL 33324

**Current Mailing Address:**

1911 NW 150TH AVE  
STE 201  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

101 NORTH PINE ISLAND RD  
STE 101  
PLANTATION, FL 33324

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PETER M. LOPEZ, P.A.  
1911 NW 150TH AVE  
STE 201  
PEMBROKE PINES, FL 33028 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: VALLEJO, FREDDY A D.D.S.  
Address: 101 NORTH PINE ISLAND RD - STE 201  
City-St-Zip: PLANTATION, FL 33324

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: FREDDY VALLEJO

PRES

04/26/2010

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