

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000064582

FILED
Apr 30, 2010
Secretary of State

Entity Name: TRUE DENTAL INSURANCE, LLC

Current Principal Place of Business:

8024 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8024 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, WILLIAM J
8024 SPRING HILL DRIVE
SPRING HILL, FL 34606 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: SMITH, WILLIAM J
Address: 8024 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

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: WILLIAM J SMITH

MGRM

04/30/2010

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