

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074944

Entity Name: LEVEL ORAL CARE, LLC

FILED
Jan 13, 2012
Secretary of State

Current Principal Place of Business:

9995 GATE PARKWAY, NORTH
SUITE 310
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY, NORTH
SUITE 310
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 27-0700187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARDUCCI, NICHOLAS A
4559 ECTON LANE E
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

NARDUCCI, NICHOLAS A
3404 ST JOHNS AVE
JACKSONVILLE, FL 32205 US

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: NICHOLAS A NARDUCCI

01/13/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SPALTEN, JOSHUA M
Address: 4551 ECTON LANE E
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: NARDUCCI, NICHOLAS A
Address: 9995 GATE PARKWAY, NORTH, STE. 310
City-St-Zip: JACKSONVILLE, FL 32246

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: NICHOLAS A NARDUCCI

MGRM

01/13/2012

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