2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2011
Secretary of State

DOCUMENT# L09000087529

Entity Name: TRUE DENTAL BENEFIT, LLC

Current Principal Place of Business:

159 PARLIAMENT LOOP
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

159 PARLIAMENT LOOP
LAKE MARY, FL 32746 US

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:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANATATION, FL 33324 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: ABEL, ALOYSIUS J JR
Address: 293 DUBLIN DRIVE
City-St-Zip: LAKE MARY, FL 32746

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 Statues.

SIGNATURE: ALOYSIUS ABEL MGR 02/14/2011

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