

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094803

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** WELLEBY FAMILY DENTAL, ORTHODONTIC & IMPLANT CENTER, LLC

**Current Principal Place of Business:**

10127 WEST OAKLAND PARK BLVD.  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

10127 WEST OAKLAND PARK BLVD.  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 27-1055523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEVEL, DENNIS  
10127 WEST OAKLAND PARK BLVD.  
SUNRISE, FL 33351 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: SEVEL, DENNIS  
Address: 10127 WEST OAKLAND PARK BLVD.  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM  
Name: DIFILIPPO, STEVEN  
Address: 10127 WEST OAKLAND PARK BLVD.  
City-St-Zip: SUNRISE, FL 33351 US

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: DENNIS SEVEL

MGRM

04/27/2010

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