

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119481

FILED
Mar 16, 2011
Secretary of State

Entity Name: TRUE LIFE DENTAL STUDIO, LLC

Current Principal Place of Business:

4665 WEST ATLANTIC AVENUE
SUITE C
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4665 WEST ATLANTIC AVENUE
SUITE C
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 27-1490938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPODAK, CRAIG
4665 WEST ATLANTIC AVENUE
SUITE C
DELRAY BEACH, FL 33445 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: SPODAK, CRAIG
Address: 4665 WEST ATLANTIC AVENUE SUITE C
City-St-Zip: DELRAY BEACH, FL 33445

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: CRAIG SPODAK

MGRM

03/16/2011

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