

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005259

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** BRIGHTON DENTAL LAB LLC

**Current Principal Place of Business:**

1627 SW WATERFALL BLVD  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

1627 SW WATERFALL BLVD  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 27-1686400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SETHMAN, GINA  
1627 SW WATERFALL BLVD  
PALM CITY, FL 34990 US

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

NORELLI, ANTHONY  
1627 SW WATERFALL BLVD  
PALM CITY, FL 34990 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: ANTHONY NORELLI

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NORELLI, ANTHONY  
Address: 1627 SW WATERFALL BLVD  
City-St-Zip: PALM CITY, FL 34990

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: ANTHONY NORELLI

MGR

04/24/2012

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