

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040706

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** SARASOTA MOBILE HANDPIECE REPAIR, LLC.

**Current Principal Place of Business:**

2453 TERRY LANE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

1104 CORKTREE CIRCLE EAST  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

2453 TERRY LANE  
SARASOTA, FL 34231 US

**New Mailing Address:**

1104 CORKTREE CIRCLE EAST  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 27-2300220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBB, PAUL P II  
2453 TERRY LANE  
SARASOTA, FL 34231 US

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

WEBB, PAUL P II  
1104 CORKTREE CIRCLE EAST  
PORT CHARLOTTE, FL 33952 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:** PAUL PHILLIP WEBB II

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WEBB, PAUL P II  
**Address:** 1104 CORKTREE CIRCLE EAST  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 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:** PAUL PHILLIP WEBB II

MGRM

03/15/2011

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