

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043834

Entity Name: DENTISTRYWEB LLC

FILED  
Apr 30, 2012  
Secretary of State

## Current Principal Place of Business:

301 W. PLATT ST  
SUITE 419  
TAMPA, FL 33606

## New Principal Place of Business:

301 W. PLATT ST  
SUITE 419  
TAMPA, FL 33606 UN

## Current Mailing Address:

301 W. PLATT ST  
SUITE 419  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 27-2415311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEVOS, ALAN J JR  
301 W. PLATT ST  
SUITE 419  
TAMPA, FL 33606 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: DEVOS, ALAN SR  
Address: 301 W PLATT ST, SUITE 419  
City-St-Zip: TAMPA, FL 33606

Title: MGMR  
Name: DEVOS, SARA  
Address: 301 W PLATT ST, SUITE 419  
City-St-Zip: TAMPA, FL 33606

Title: MGMR  
Name: DEVOS, ALAN J JR  
Address: 301 W PLATT ST, SUITE 419  
City-St-Zip: TAMPA, FL 33606

Title: MGMR  
Name: YACKEL, MICHELE  
Address: 301 W PLATT ST, SUITE 419  
City-St-Zip: TAMPA, FL 33606

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: ALAN DEVOS

DIR

04/30/2012

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