

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045287

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SAWGRASS ORTHODONTICS, LLC

**Current Principal Place of Business:**

175 NW 136TH AVE  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

175 NW 136TH AVE  
SUNRISE, FL 33325

**New Mailing Address:**

**FEI Number:** 27-5473032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REINGOWSKY, PENELOPE V  
175 NW 136TH AVE  
SUNRISE, FL 33325 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:** MGR  
**Name:** IGUALADA-HEINE, KRISTEN  
**Address:** 710 NW 71ST AVE  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** MGR  
**Name:** REINGOWSKY, PENELOPE V  
**Address:** 8382 N LAKE FOREST DR  
**City-St-Zip:** DAVIE, FL 33328

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:** PENELOPE REINGOWSKY

MGR

01/05/2012

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