

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049756

FILED
Mar 20, 2012
Secretary of State

Entity Name: NOVA FAMILY DENTISTRY, LLC

Current Principal Place of Business:

1569 N NOVA ROAD
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1569 N NOVA ROAD
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 27-2539304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, PAMELA R
1569 N NOVA ROAD
HOLLY HILL, FL 32117 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: MARTIN, PAMELA R
Address: 1569 N NOVA ROAD
City-St-Zip: HOLLY HILL, FL 32117

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: PAMELA R. MARTIN

MGRM

03/20/2012

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