

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058330

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN CROSS DENTAL LLC

**Current Principal Place of Business:**

3301 NW 97TH TERRACE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3301 NW 97TH TERRACE  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 27-2760129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEARR, CRAIG R  
9100 S DADELAND BLVD  
1701  
MIAMI, FL 33156 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:** LOUIS G SPELIOS REVOCABLE TRUST  
**Address:** 3301 NW 97TH TERRACE  
**City-St-Zip:** SUNRISE, FL 33351

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:** LOUIS G SPELIOS REVOCABLE TRUST

MGR

03/31/2011

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