2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2012
Secretary of State

DOCUMENT# L10000067975

Entity Name: SYSKADENTISTRY, LLC

Current Principal Place of Business:

447 SPRING HOLLOW BLVD.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

447 SPRING HOLLOW BLVD.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 27-3006457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYSKA, NILES DDS
447 SPRING HOLLOW BLVD
APOPKA, FL 32712 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: SYSKA, NILES DDS
Address: 447 SPRING HOLLOW BLVD.
City-St-Zip: APOPKA, FL 32712

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 Statues.

SIGNATURE: NILES A SYSKA DDS MGR 01/18/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date