

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000067991

FILED
Mar 03, 2011
Secretary of State

Entity Name: TOOTH SHOP DENTAL, LLC

Current Principal Place of Business:

2520 ORCHARD DR
APOPKA, FL 32712

New Principal Place of Business:

447 SPRING HOLLOW BLVD.
APOPKA, FL 32712

Current Mailing Address:

2520 ORCHARD DR
APOPKA, FL 32712

New Mailing Address:

447 SPRING HOLLOW BLVD.
APOPKA, FL 32712

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYSKA, NILES A DDS
2520 ORCHARD DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

SYSKA, NILES A DDS
447 SPRING HOLLOW BLVD.
APOPKA, FL 32712 US

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: NILES A. SYSKA D.D.S.

03/03/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SYSKA, NILES A DDS
Address: 447 SPING 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 Statutes.

SIGNATURE: NILES A. SYSKA D.D.S.

PRES

03/03/2011

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