

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000003

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** RENAISSANCE DENTAL OFFICE #1, LLC

**Current Principal Place of Business:**

8060 W. MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

8060 W. MC NAB ROAD  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

8060 W. MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:** 27-4409622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSTO, ROBERT  
8060 W. MCNAB ROAD  
NORTH LAUDERDALE, FL 33068 US

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

BUSTO, ROBERT  
8060 W. MC NAB ROAD  
NORTH LAUDERDALE, FL 33068 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:

01/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BUSTO, ROBERT A  
Address: 8060 W MC NAB RD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: ROBERT A BUSTO

MGR

01/24/2012

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