

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000047546

FILED  
Jan 23, 2012  
Secretary of State

Entity Name: TRIPALAY DENTAL LABORATORIES, LLC

**Current Principal Place of Business:**

8535 BAYMEADOWS ROAD  
SUITE-11-A  
JACKSONVILLE, 32256 US

**New Principal Place of Business:**

8535 BAYMEADOWS ROAD  
SUITE-11-A  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

8535 BAYMEADOWS ROAD  
SUITE-11-A  
JACKSONVILLE, 32256

**New Mailing Address:**

8535 BAYMEADOWS ROAD  
SUITE-11-A  
JACKSONVILLE, FL 32256 US

FEI Number: 45-1860390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BALLESTEROS, DANILO A  
8535 BAYMEADOWS ROAD  
SUITE-11-A  
JACKSONVILLE, FL 32256 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: BALLESTEROS, DANILO A  
Address: 8535 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: MGRM  
Name: GUANZON, GUADALUPE L  
Address: 8535 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256 US

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: DANILO BALLESTEROS

MRGM

01/23/2012

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