

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