

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101314

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** SAN CARLOS FAMILY DENTAL LLC

**Current Principal Place of Business:**

19004 BIRCH RD  
FORT MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

1501 VISCAYA PARKWAY  
1  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 45-3245152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHARP, TODD  
1501 VISCAYA PARKWAY  
CAPE CORAL, FL 33990      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:** SHARP, TODD  
**Address:** 1501 VISCAYA PARKWAY  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** MGR  
**Name:** SHARP, SANDY  
**Address:** 1501 VISCAYA PARKWAY  
**City-St-Zip:** CAPE CORAL, FL 33990

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:** TODD L. SHARP

MGRM

04/17/2012

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