

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125159

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

**Entity Name:** TSAR DENTAL EXCELLENCE, PLLC

**Current Principal Place of Business:**

15944 LOS OLIVOS LANE  
NAPLES, FL 34110 US

**New Principal Place of Business:**

603 VILLAGE BLVD  
SUITE 304  
WEST PALM BEACH, FL 33409 US

**Current Mailing Address:**

15944 LOS OLIVOS LANE  
NAPLES, FL 34110 US

**New Mailing Address:**

603 VILLAGE BLVD  
SUITE 304  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 45-3730971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOCHET LAW GROUP  
4897 JOG ROAD  
GREENACRES, FL 33467 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: TSAR, NATALIA  
Address: 603 VILLAGE BLVD SUITE 304  
City-St-Zip: WEST PALM BEACH, FL 33409 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: NATALIA TSAR

MGR

09/24/2012

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