

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007708

**FILED**  
**Feb 21, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA DENTURE CLINIC WEST, LLC

**Current Principal Place of Business:**

12116 COBBLESTONE DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

12116 COBBLESTONE DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3609995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, DONNA R  
7480 OAK TREE LANE  
WEEKIE WACHEE, FL 34607 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: MGR ( ) Delete  
Name: JONES, DONNA R  
Address: 12116 COBBLESTONE DR.  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONNA JONES

MGR

02/21/2007

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