

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90079 026 ****50.00

DOCUMENT # M02000001806

1. Entity Name

SHOWERDENT LLC



Principal Place of Business

5550 HERON POINT DRIVE, SUITE 1902
NAPLES FL 34108

Mailing Address

5550 HERON POINT DRIVE, SUITE 1902
NAPLES FL 34108

27693 Bay Point Lane
Bonita Springs, FL 34134

2. Principal Place of Business

27693 Bay Point Lane

3. Mailing Address

P.O. Box 10

Suite, Apt. #, etc.

Bonita Springs, FL

Suite, Apt. #, etc.

Bonita Springs, FL

City & State

City & State

Zip
34134

Country

Zip
34134

Country
USA

4. FEI Number

59-3724105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENNETTA, JOAN K
5550 HERON POINT DRIVE
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

JOAN K. PENNETTA

Street Address (P.O. Box Number is Not Acceptable)

27693 BAY POINT LANE

CITY BONITA SPRINGS, FL 34134 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PENNETTA, RICHARD J
STREET ADDRESS 5550 HERON POINT DRIVE, SUITE 1902
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME PENNETTA, RICHARD J.
STREET ADDRESS 27693 BAY POINT LANE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

R.J. PENNETTA, MANAGING MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 1/31/05 Daytime Phone #