

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 009 ***138.75

DOCUMENT # M06000004514

1. Entity Name
DARBY DENTAL SUPPLY, LLC



Principal Place of Business
300 JERICHO QUADRANGLE
JERICHO, NY 11753

Mailing Address
300 JERICHO QUADRANGLE
JERICHO, NY 11753

60015568



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
13-4338341

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156

Name

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

City

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME ASHKIN, MICHAEL
STREET ADDRESS 3890 PARK CENTRAL BLVD. NORTH
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE CEO, President ☐ Change ☒ Addition
NAME Gary Rosenberg
STREET ADDRESS 300 Jericho Quadrangle
CITY-ST-ZIP Jericho, NY 11753

TITLE MGR ☐ Delete
NAME ASHKIN, CARL
STREET ADDRESS 300 JERICHO QUADRANGLE
CITY-ST-ZIP JERICHO, NY 11753

TITLE COO ☐ Change ☒ Addition
NAME Anthony Ricigliano
STREET ADDRESS 300 Jericho Quadrangle
CITY-ST-ZIP Jericho, NY 11753

TITLE MGR ☐ Delete
NAME CAPUTO, MICHAEL
STREET ADDRESS 300 JERICHO QUADRANGLE
CITY-ST-ZIP JERICHO, NY 11753

TITLE CFO Secretary ☐ Change ☒ Addition
NAME James T. Conklin
STREET ADDRESS 300 Jericho Quadrangle
CITY-ST-ZIP Jericho, NY 11753

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME Michael Ashkin
STREET ADDRESS 900 Corporate Drive, Suite 208
CITY-ST-ZIP Fort Lauderdale FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

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

CFO

3/13/2008 516-688-6827

Date

Daytime Phone #