

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000070027

**Entity Name:** DENTAL TECHNIQUE OF FLORIDA'S COAST, LLC

**Current Principal Place of Business:**

166 CLEARWATER LARGO ROAD  
6  
LARGO, FL 33770

**Current Mailing Address:**

166 CLEARWATER LARGO ROAD  
6  
LARGO, FL 33770

**FEI Number:** 45-2549579

**Certificate of Status Desired:** No

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

BURGESS, ANTOINETTE  
446 LORA STREET  
NEPTUNE BEACH, FL 32266 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name MAGLI, NICHOLAS A  
Address 166 CLEARWATER LARGO ROAD,  
SUITE 6  
City-State-Zip: LARGO FL 33770

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS MAGLI

MGRM

04/16/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date