

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126862

**Entity Name:** LAYNE DENTAL HOLDINGS, LLC

**Current Principal Place of Business:**

19606 STATE ROAD 20 WEST  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

P. O. BOX 4007  
BLOUNTSTOWN, FL 32424

**FEI Number: 45-4132000**

**Certificate of Status Desired: No**

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

SOMBATHY, JULIE A  
434 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 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 LAYNE, RAYMOND H JR.  
Address 19606 STATE ROAD 20 WEST  
City-State-Zip: BLOUNTSTOWN FL 32424

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RAYMOND H. LAYNE, JR.**

**MANAGER**

**03/23/2015**

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

\_\_\_\_\_ Date