

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000150488

**Entity Name:** ATA DENTAL DESIGN LLC

**Current Principal Place of Business:**

4137 TOWN CENTER BLVD  
ORLANDO, FL 32837

**Current Mailing Address:**

4137 TOWN CENTER BLVD  
ORLANDO, FL 32837

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ATA, JOSEPH A  
4137 TOWN CENTER BLVD  
ORLANDO, FL 32837 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 ATA, JILL E  
Address 4137 TOWN CENTER BLVD  
City-State-Zip: ORLANDO FL 32837

Title MGRM  
Name ATA, JOSEPH A  
Address 4137 TOWN CENTER BLVD  
City-State-Zip: ORLANDO FL 32837

*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:** JILL ATA

**MGRM**

**04/17/2013**

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

\_\_\_\_\_  
Date