AMENDED ANNUAL REPORT

Corporation Division
www.filinginoregon.com

E-FILED
Feb 06, 2023
OREGON SECRETARY OF STATE

REGISTRY NUMBER

34690297

REGISTRATION DATE

03/14/2006

BUSINESS NAME

BURWOOD, LLC

BUSINESS

COMPLETE DENTAL OFFICE

MAILING ADDRESS

869 NW 23RD STREET
CORVALLIS OR 97330 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

1123 HILL ST SE SUITE A
ALBANY OR 97322 USA

JURISDICTION

OREGON

REGISTERED AGENT

LENORE K WOOD

869 NW 23RD ST
CORVALLIS OR 97330 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

LENORE K WOOD

869 NW 23RD ST
CORVALLIS OR 97330 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

LENORE K WOOD

TITLE

MANAGER

DATE

02-06-2023