## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Jan 25, 2007 08:00 A DOCUMENT # L05000010172 1. Entity Namo **Secretary of State** BIRD ROAD DENTAL, LLC Principal Place of Business Mailing Address 6262 BIRD RD, STE 3A-3B 6262 BIRD RD, STE 3A-3B **MIAMI FL 33155** MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COLLETTI, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 3550 BISCAYNE BLVD, STE 610 **MIAMI FL 33137** City 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. 1 am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent algorithm registed when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Delete ш Changé Addition U000000603708 NAME DAHLAN, THOMAS J NAMI 01/29/07-80024-009 50.00 STREET ADDRESS 6262 BIRD RD, STE 3A-3B SHALL) ADDRESS CITY-ST-ZIP DOMEST AND **MIAMI FL 33155** IIIL Delete HILF Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CELY-ST ZIP IIIII ☐ Oclete HILL Chance Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CON SE ZIP CHY ST ZIE 33113 Delete HILE ☐ Change Addition NAME NAM STREET ADDRESS SHALL ADDRESS CITY ST ZIP CITY ST AP IIIIF ☐ Defete HHE ☐ Change Addition NAME MANS STREET ADDRESS SUBLITATIONESS CITY ST ZIP CHY-SI-70 IIIL Delete 18718 ☐ Change Addition NAME NAME STREET ADDRESS SIRELI ADDIESS CITY SI-ZIP CRY-ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE:

SIGNATURE:

Double Priority III