


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2008 8:00 am
Secretary of State

08-22-2008 90011 019 ***138.75

DOCUMENT # L07000080588					
1. Entity Name KENDALL ENDODONTICS, PLLC					
Principal Place of Business 9950 SW 107TH AVE STE 201 MIAMI, FL 33176			Mailing Address 9950 SW 107TH AVE STE 201 MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # <i>same</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08202008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 26-1928070 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIAZ, JOSE 9331 SW 100TH AVENUE RD MIAMI, FL 33176			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, JOSE		NAME		
STREET ADDRESS	9950 SW 107TH AVE - STE 201		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.					
SIGNATURE: <i>Jose M Diaz</i>			Date: <i>8/20/08</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					