## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L98000003377

GLICKSMAN & MARS DENTAL, LC



**FILED** Jan 16, 2007 08:00 AM Secretary of State

Principal Place of Business 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH, FL 33180

Mailing Address

2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH, FL 33180



01092007No Chg-LLC

ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

CR2E083 (11/05)

4. FEI Number	•		Applied For
65-0883086			Not Applicable
5. Certificate of Status Desired		\$5.00	

6. Name and Address of Current Registered Agent

MARS, RICK A D.D.S. 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH, FL 33180

8. The above named en

the obligations of

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	Signalized, typed or printed name of registreed agent and tillen applicable	(NOTE: Hegistered Agent signature required when reinstating)	/ / DATE / .	
	iling Fee is \$50.00 ue by May 1, 2007		/ U00000586815 01/17/07-80009-003 50.00	
9.	MANAGING MEMBERS/MANAGERS	pr Complete and the complete and the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARS, RICK A D.D.S. 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH, FL 33180			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM GLICKMAN, JOEL D.D.S. 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH, FL 33180			
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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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				