

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003578

**FILED**  
**Jul 13, 2004**  
**Secretary of State**

**Entity Name:** AIRPORT DENTAL CONNECTION, LLC

**Current Principal Place of Business:**

2841 BAY ST.  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

905 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504

**Current Mailing Address:**

2841 BAY ST.  
GULF BREEZE, FL 32561

**New Mailing Address:**

905 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504

**FEI Number:** 59-3368834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRICKLAND, CLAUDE D D.D.S.  
2841 BAY ST.  
GULF BREEZE, FL 32561

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

STRICKLAND, CLAUDE D D.D.S.  
905 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504

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:

07/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MEM ( ) Delete  
Name: STRICKLAND, CLAUDE D D.D.S.  
Address: 2841 BAY ST.  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STRICKLAND, CLAUDE D D.D.S.  
Address: 905 GARDEN GATE CIRCLE  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: CLAUDE D. STRICKLAND, D.D.S.

MGR

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date