

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90130 029 ****50.00

DOCUMENT # L01000003578

1. Entity Name

AIRPORT DENTAL CONNECTION, LLC



Principal Place of Business

905 GARDEN GATE CIRCLE
PENSACOLA, FL 32504

Mailing Address

905 GARDEN GATE CIRCLE
PENSACOLA, FL 32504



02152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3368834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STRICKLAND, CLAUDE D D.D.S.
STREET ADDRESS	905 GARDEN GATE CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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:

Claude D. Strickland

March 6, 2006

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE