

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000005648

1. Entity Name

ATLANTIC PERIODONTICS, P.L.



**FILED**  
**Sep 18, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
840 DUNLAWTON AVENUE  
SUITE D-2  
PORT ORANGE FL 32127  
US

Mailing Address  
840 DUNLAWTON AVENUE  
SUITE D-2  
PORT ORANGE FL 32127  
US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt #, etc.

3. Mailing Address  
Suite, Apt #, etc.

2nd MOORE CR2E083 (4/08)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 59-3714320  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
HERMANN, DONALD W D.D.S.  
312 RIVER BLUFF DRIVE  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent  
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 [Signature] Signature typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating DATE 9-18-08

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMANN, DONALD W			NAME			
STREET ADDRESS	312 RIVER BLUFF DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-ST-ZIP	U000000959869 09/18/08-80003-005 538.75		
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			
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			

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: [Signature] 9-16-08 386-767-3330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #