

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 049 ****50.00

DOCUMENT # LD/000013137 ✓
1. Entity Name
STEVEN J. KIZIOR, DDS, PL.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>401 MAIN ST.</u>		3. Mailing Address <u>1621 KERSLEY CIRCLE</u>	
Suite/Apt. #, etc. <u>A</u>		Suite, Apt. #, etc.	
City & State <u>WINDERMERE, FL. 34786</u>		City & State <u>LAKE MARY, FL</u>	
Zip <u>34786</u>	Country <u>USA</u>	Zip <u>32746</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3749301</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>STEVEN J. KIZIOR, DDS</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1621 KERSLEY CIRCLE</u>
City <u>LAKE MARY</u> FL Zip Code <u>32746</u>

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.

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>STEVEN J. KIZIOR, DDS</u> <u>1621 KERSLEY CIRCLE</u> <u>LAKE MARY, FL. 32746</u>
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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] 4/18/02 (407-876-3455)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE