

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO7000019991**

1. Entity Name

DIRECT DENTURE SERVICES, L.L.C.

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-28-2002 90725 050 ****50.00

94100



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6660 BEACH RESORT DRIVE
#6
NAPLES FL 34114

Mailing Address
6660 BEACH RESORT DRIVE
#6
NAPLES FL 34114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1153469

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, ROBERT M
400 HOLLYWOOD BLVD.
SUITE 485 SO.
HOLLYWOOD FL 33021

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Kenneth R. City
6660 Beach Resort Drive #6
Naples, FL 34114

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
John A. Anderson
601 So. 1st Street #414
Jacksonville, Beach, FL 32250

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CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

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

5-15-02

Date

941-732-7747

Daytime Phone

CR2E083 (9/01)