

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90060 015 ****50.00

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07022004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000005229 1. Entity Name FLORIDA SHORES DENTAL ARTS PLC					
Principal Place of Business 2229 DAVIS DRIVE NEW SMYRNA, FL 32168			Mailing Address 2229 DAVIS DRIVE NEW SMYRNA, FL 32168		
2. Principal Place of Business 1848 SOUTH RIDGEWOOD AVE		3. Mailing Address SAME AS #2			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State EDGEWATER FL		City & State 		4. FEI Number 02-0560356	
Zip 32141		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE. SUITE 201 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, BEN 1848 S. RIDGEWOOD AVE. EDGEWATER, FL 32141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>BEN TURNER</i>		BEN TURNER		7/8/04 386-433-7779	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	