

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0051816

DOCUMENT # L02000020803

1. Entity Name

CHRISTIE DENTAL OF PALM BAY, LLC



04-07-2003 90608 036 ***150.00

Principal Place of Business

**5201 BABCOCK STREET
PALM BAY FL 32905**

Mailing Address

**5201 BABCOCK STREET
PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

SUITE 4

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-4224245

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

**COLEMAN, CHRISTOPHER J ESQ
1329 BEDFORD DRIVE, STE. 1
MELBOURNE FL 32940**

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, 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CHRISTIE, TODD E
195 ALAMEDA DRIVE
MERRITT ISLAND FL 32952**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MORRIS, TIMOTHY J
775 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
KALRA, ANJAY N
775 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952**

☐ Delete

TITLE
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STREET ADDRESS
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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

311407

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

Date

Daytime Phone #

CR2E083 (10/02)