

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

01-21-2003 90320 008 ****50.00

DOCUMENT # L02000028043

1. Entity Name

CHRISTIE LATULIPPE, D.M.D., P.L.



Principal Place of Business

Mailing Address

**16 PROMENADE AT LIONSPAW
DAYTONA BEACH FL 32124**

**16 PROMENADE AT LIONSPAW
DAYTONA BEACH FL 32124**

2. Principal Place of Business

4 Pearl Drive

3. Mailing Address

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

City & State

Ormond Beach

City & State

Zip

32174

Country

-Volusia-

Zip

Country

4. FEI Number

13-4217566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GULECAS, JAMES F ESQ.
2555 ENTERPRISE RD., STE. 15
CLEARWATER FL 33763**

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, 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

TITLE **MGR**
NAME **CHRISTIE LATULIPPE, D.M.D.**
STREET ADDRESS **16 PROMENADE AT LIONSPAW**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

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10. ADDITIONS/CHANGES

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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: **CHRISTIE LATULIPPE**

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

01/10/03

Date

386-673-8883

Daytime Phone #

CR20083 (10/02)