

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90065 046 ***138.75

DOCUMENT # L03000009808

1. Entity Name
LONDON C. MAZYCK, DMD, P.L.



Principal Place of Business
1001A THOMASVILLE RD.
TALLAHASSEE, FL 32303

Mailing Address
1001A THOMASVILLE RD.
TALLAHASSEE, FL 32303

50008222



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2606 Centennial Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Tallahassee FL

4. FEI Number
57-1155338

Applied For
Not Applicable

Zip

Country

Zip

Country

32308

USA

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

MAZYCK, LONDON C DMD
1001A THOMASVILLE RD.
TALLAHASSEE, FL 32303

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

Landon C Mazyck
Signature, typed or printed name of registered agent and file if applicable.

LONDON C MAZYCK

MANAGING MEMBER

7-7-08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MAZYCK, LONDON C
1001 A THOMASVILLE RD
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Landon C Mazyck

LONDON C MAZYCK

7-7-08

850 224 4151

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

Date

Daytime Phone #