

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90031 033 ****50.00

DOCUMENT # L03000013389

1. Entity Name
DAVID G. KRICKL D.D.S. L.L.C.



Principal Place of Business
409 6TH AVE EAST
BRADENTON, FL 34208

Mailing Address
409 6TH AVE EAST
BRADENTON, FL 34208

20044768



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number

51-0451303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKLEY, JAMES M
13602 2ND AVE NE
BRADENTON, FL 34212

7. Name and Address of New Registered Agent

Name Adam B. Smith, CPA
Street Address (P.O. Box Number is Not Acceptable) 5410 26th Street West
Saddle Creek
City Bradenton FL 34207

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM KRICKL, DAVID G DR. ☐ Delete
STREET ADDRESS 409 6TH AVE EAST
CITY-ST-ZIP BRADENTON, FL 34208

TITLE NAME MGR BOUCHER KRICKL, CELESTE S MRS. ☐ Delete
STREET ADDRESS 409 6TH AVE EAST
CITY-ST-ZIP BRADENTON, FL 34208

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

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

DAVID G. KRICKL DDS

Date

Daytime Phone #

OWNER - 4/25/06 941-744-2944