

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90438 013 ****50.00

DOCUMENT # L03000018210

1. Entity Name

Leslie G. Platocek, D.D.S., L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 N. 3rd St., Suite 203

3. Mailing Address

Same

Suite, Apt. #, etc.

Neptune Beach

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

32266

Country

USA

Zip

Country

4. FEI Number

2002-84-999

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Leslie G. Platocek, DDS

Street Address (P.O. Box Number is Not Acceptable)

1640 Beach Avenue

Atlantic Beach

City

FL

Zip Code

32233-5841

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.

DATE

3-8-04

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Managing member "MGRM"
Leslie G. Platocek
1640 Beach Ave.
Atlantic Beach, FL 32233

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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

DATE

3-8-04

Daytime Phone #

(904) 247-3077

CR2E083B (12/02)