
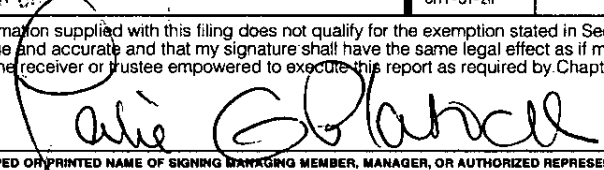


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90183 015 ****50.00

DOCUMENT # L03000018210 1. Entity Name LESLIE G. PLATOCK, D.D.S., L.L.C.					
Principal Place of Business 700 N. 3RD ST., SUITE 203 NEPTUNE BEACH, FL 32266			Mailing Address 700 N. 3RD ST., SUITE 203 NEPTUNE BEACH, FL 32266		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0284999	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PLATOCK, LESLIE G. D.D.S. 1640 BEACH AVE. ATLANTIC BEACH, FL 32233-5841				Name Leslie G. Platock, D.D.S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATOCK, LESLIE G		NAME		
STREET ADDRESS	1640 BEACH AVE.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	



Division of Corporations

2005 Annual Report

ATTACHMENT

20002486

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number L03000018210
Business Entity Name LESLIE G. PLATOCK, D.D.S., L.L.C.
Original File Date 05/20/2003

FEI Number 20-0284999

Principal Address 700 N. 3RD ST., SUITE 203
NEPTUNE BEACH, FL 32266

Mailing Address 700 N. 3RD ST., SUITE 203
NEPTUNE BEACH, FL 32266

Registered Agent D.D.S. LESLIE G. PLATOCK, DDS
1640 BEACH AVE.
ATLANTIC BEACH, FL 322335841 US

Managing Member/Manager Name And Address

MGRM
LESLIE G PLATOCK
1640 BEACH AVE.
ATLANTIC BEACH, FL 32233

If all of the above information is correct and you do not wish to make any changes, please select:
No Changes

If you need to make changes to the above information, please select:
Make Changes

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