

Apr-11-06

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From-Kirk Pinkerton Law Firm

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FILED
Apr 14, 2006 8:00 am
Secretary of State

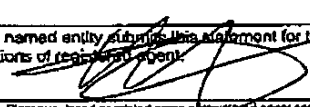
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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

20030044



03032006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000022076			
1. Entity Name ENTERPRISE DENTAL, LLC			
Principal Place of Business 5570 BEE RIDGE ROAD, SUITE C-2 SARASOTA, FL 34233		Mailing Address 411 VANDERKLOOT DR OSPREY, FL 34229	
2. Principal Place of Business 2555 Enterprise Rd		3. Mailing Address	
Suite, Apt. #, etc. Suite #3		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33763	Country	Zip	Country
4. FBI Number 56-2370241		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAJALA, TERESA L 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name DAVID M. SILBERSTEIN Street Address (P.O. Box Number is Not Acceptable) 720 South Orange Ave City SARASOTA FL Zip Code 34236	
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 		DATE 4/11/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI, ALESSANDRO A ☐ Delete 5570 BEE RIDGE ROAD, SUITE C-2 SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 411 Vanderkloot Dr. Osprey FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRICKLAND, GEORGE N ☐ Delete 5570 BEE RIDGE ROAD, SUITE C-2 SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 324 Bayshore Dr. Sarasota FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		DATE 4/11/2006 PHONE 941-924-2923	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	