


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L03000022567 1. Entity Name 7575 WEST DENTAL GROUP, LLC |  |
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| Principal Place of Business 7575 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607 US | Mailing Address 7575 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607 US |
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03162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0363341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECKER, BRIAN C.
7575 WEST UNIVERSITY AVE, STE. P
GAINESVILLE, FL 32607

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

11000070581453
04/04/07-80044-010 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DECKER, BRIAN C 7575 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOZANO-MARTIN, DAWN 7575 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607 |
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IN THIS SPACE**

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

Brian C Decker -- 3/26/07