

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025697

1. Entity Name

JAMES G. DELUCA, DMD, LLC



Principal Place of Business

3429 MARINER BLVD
SPRING HILL, FL 34609 US

Mailing Address

3429 MARINER BLVD
SPRING HILL, FL 34609 US



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2101472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, PETER
7617 LITTLE RD
NEW PORT RICHEY, FL 34654

**DO NOT WRITE
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)

17 JAN 2006

DATE

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

U000000404260
02/06/06-80040-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DELUCA, JAMES G DMD
3429 MARINER BLVD
SPRING HILL, FL 34609

TITLE
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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:

17 JAN 2006

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

DATE

352-626-9898