

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-26-2004 90061 006 ****50.00

DOCUMENT # L03000029893 1. Entity Name LIVY E. STOYKA, D.D.S., PL					
Principal Place of Business 4600 MANATEE AVE. WEST BRADENTON FL 34209			Mailing Address 4600 MANATEE AVE. WEST BRADENTON FL 34209		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1685099	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STOYKA, LIVY E 4600 MANATEE AVE. WEST BRADENTON FL 34209			7. Name and Address of New Registered Agent Name 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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOYKA, LIVY E 4600 MANATEE AVE. WEST BRADENTON FL 34209 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: _____ July 28/04 941-746-5033 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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MOORE CR2E083 (4/04)