2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033655

1. Entity Name
COSMETIC & FAMILY DENTISTRY, PL

Principal Place of Business
6001 VINELAND RD
STE #1B
ORLANDO, FL 32819

Mailing Address
8147 WHISTLEWING COURT
ORLANDO, FL 32817

04252006No Chg-LLC CR2E083 (1:03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1603385

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OBEROI, RAVI
8147 WHISTLEWING COURT
ORLANDO, FL 32817

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OBEROI, RAVI
STREET ADDRESS	8147 WHISTLEWING COURT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000549586
05/13/06-80027-00[illegible]50.00

DO NOT WRITE 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: Ravi Oberoi 4.26.06 407-352-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #