

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90157 009 \*\*\*\*50.00

DOCUMENT # L03000052401

1. Entity Name  
BEN M. SPIVEY, D.M.D. LLC



Principal Place of Business 3240 SW 34TH STREET APT 616 OCALA, FL 34474 US	Mailing Address 3240 SW 34TH STREET APT 616 OCALA, FL 34474 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0483614

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

6. Name and Address of Current Registered Agent  
SPIVEY, BEN M  
3240 SW 34TH STREET  
APT 616  
OCALA, FL 34474

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIVEY, BEN M			NAME			
STREET ADDRESS	3240 SW 34TH ST, APT 616			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34474			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

5.1.04

(Date) Daytime Phone #