

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/8/2

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-08-2004 90002 030 ****50.00

DOCUMENT # L03000055443

1. Entity Name

LIMITED TO ENDODONTICS, L.L.C.



Principal Place of Business

225 SOUTH WESTMONTE DRIVE, SUITE 2070
ALTAMONTE SPRINGS FL 32803

Mailing Address

225 SOUTH WESTMONTE DRIVE, SUITE 2070
ALTAMONTE SPRINGS FL 32803

34010343



MOORE CR2E083 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

20-0514896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 38203

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME COSTAS, JOSE F DMD, MS
STREET ADDRESS 225 SOUTH WESTMONTE DRIVE, SUITE 2070
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32803

TITLE MGR ☐ Delete
NAME VARLEY, MICHAEL DMD, MS
STREET ADDRESS 225 SOUTH WESTMONTE DRIVE, SUITE 2070
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

8/31/04 407-293-7898



Attachment
34610543

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 9, 2004

LIMITED TO ENDONTICS, L.L.C.
225 SOUTH WESTMONTE DRIVE, SUITE 2070
ALTAMONTE SPRINGS, FL 32803

Subject: **LIMITED TO ENDODONTICS, L.L.C.**

Reference Number: **L03000055443**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION