2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/7/2005-90057-013-$55.00-$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 29 AM 9: 01

DOCUMENT # L04000017417

1. Entity Name
JARVIS DENTAL ART LLC

Principal Place of Business
~~4907 NE 12TH AVENUE~~
~~FORT LAUDERDALE, FL 33334~~

Mailing Address
~~4907 NE 12TH AVENUE~~
~~FORT LAUDERDALE, FL 33334~~

01072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 1222A N.E 4th AVE.
Suite, Apt. #, etc.: 1222A
City & State: FORT Lauderdale
Zip: 33306 Country: Broward

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 651215545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JARVIS, WAYNE H
~~6500 N.E. 21ST AVENUE~~
~~FORT LAUDERDALE, FL 33308~~

7. Name and Address of New Registered Agent
Name: WAYNE JARVIS
Street Address (P.O. Box Number is Not Acceptable): 1222 A NE 4th AVE
City: Fort lauderdale 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] WAYNE JARVIS 1-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	JARVIS, WAYNE H	
STREET ADDRESS	6500 N.E. 21ST AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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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		
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NAME		
STREET ADDRESS		
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] 1-15-05 954-649-9302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #