

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000017417**

1. Entity Name  
**JARVIS DENTAL ART LLC**



Principal Place of Business  
**1222-A NE 4TH AVE.  
SUITE 1222A  
FORT LAUDERDALE FL 33306**

Mailing Address  
**1222-A NE 4TH AVE.  
SUITE 1222A  
FORT LAUDERDALE FL 33306**



2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number **65-1215545**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**JARVIS, WAYNE  
1222-A 4TH AVE.  
FORT LAUDERDALE FL 33306**

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

*Wayne Jarvis*  
Signature, typed or printed name of registered agent and title if applicable

**WAYNE JARVIS**  
(NOTE: Registered Agent Signature required when reinstating)

**9-1-06**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

## 9. MANAGING MEMBERS / MANAGERS

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
JARVIS, WAYNE H  
6500 N.E. 21ST AVENUE  
FORT LAUDERDALE FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**U00000576551  
09/08/06-80004-004 55.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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:

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

Date

Daytime Phone #

*Wayne Jarvis* **WAYNE JARVIS** **9-1-06** **954-647-9302**