

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035003

1. Entity Name
SETHI DENTAL GROUP, L.L.C



Principal Place of Business

4900 W. OAKLAND PARK BLVD.
102
FORT LAUDERDALE, FL 33313

Mailing Address

4900 W. OAKLAND PARK BLVD.
102
FORT LAUDERDALE, FL 33313



02122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-3791878

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS & GIARDINO, P.A.
201 ARKONA COURT
WEST PALM BEACH, FL 33401

**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

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, 2007

000000637289
02/26/07-80055-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SETHI, SANGEETA 4900 W. OAKLAND PARK BLVD. SUITE 102 FORT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SETHI, MICK 4900 W. OAKLAND PARK BLVD. SUITE 102 FORT LAUDERDALE, FL 33313
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	

**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: Michelle Chawman Michelle Chawman 2/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

984
7310586