

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000056358

1. Entity Name

JUAN A. AMAYA, D.D.S., P.L.C.



Principal Place of Business

1450 TUSKAWILLA ROAD, STE. 116
WINTER SPRINGS, FL 32708-5204

Mailing Address

1450 TUSKAWILLA ROAD, STE. 116
WINTER SPRINGS, FL 32708-5204



01162006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1562252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PILCHER, DAVID ESQ
159 LOOKOUT PLACE, STE. 101
MAITLAND, FL 32751-4466

**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, 2006**

U00000406789
02/07/06-80105-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME AMAYA, JUAN A
STREET ADDRESS 1450 TUSKAWILLA ROAD, STE. 116
CITY-ST-ZIP WINTER SPRINGS, FL 327085204

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JUAN A. AMAYA

DDS PLC

1-28-06, 407 699-09