

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000065617	
1. Entity Name EASLER COSMETIC DENTISTRY, LLC	

Principal Place of Business 7211 N DALE MABRY HWY SUITE # 100 TAMPA F: 33614	Mailing Address 7211 N DALE MABRY HWY SUITE # 100 TAMPA F: 33614
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E083 (10/05)

4. FEI Number 20-1576033	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH, LABRUZZO 7104 COVE PLACE TAMPA FL 33617

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 reinstating)	DATE _____
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASLER, LAWRENCE G 7211 N DALE MABRY HWY SUITE # 100 TAMPA FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 05/05/06-80117-021 SU. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABRUZZO, JOE M 7104 COVE PLACE TAMPA FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME 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 Section 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: Joe M. LaBruzzo **4-28-06** **933-884**