## 2006 LIMITED LIABILITY COMPANY

## Jul 17, 2006 8:00 am Secrétary of State **ANNUAL REPORT** 07-17-2006 90044 040 \*\*\*\*50.00 DOCUMENT #L04000083893 1. Entity Name EAST LAKE ENDODONTICS, LLC 20049311 Principal Place of Business Mailing Address 220 RUE DES LACS 220 RUE DES LACS TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/05) 04192006 Chg-LLC Applied For City & State 4. FEI Numbe City & State 20-476,3097 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORN, DONALD J DDS Street Address (P.O. Box Number is Not Acceptable) 220 RUE DE LACS TARPON SPRINGS, FL 34688 City 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change Addition MGRM TITLE ☐ Delete TITLE HORN, DONALD J DDS NAME 220 RUE DE LACS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34688 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete □ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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.

RE: HORN HORN MANAGER, OR AUTHORIZED REPRESENTATIVE

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SIGNATURE:

**FILED** 

7-15-06 727-945-9580