

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 005 ****50.00

DOCUMENT # L04000083893

1. Entity Name
EAST LAKE ENDODONTICS, LLC



Principal Place of Business
**220 RUE DES LACS
TARPON SPRINGS, FL 34688**

Mailing Address
**220 RUE DES LACS
TARPON SPRINGS, FL 34688**

2. Principal Place of Business - No P.O. Box #
2605 KEYSTONE RD

3. Mailing Address
2605 KEYSTONE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04262007 Chg-LLC CR2E083 (12/06)

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

4. FEI Number
20-4763097

Applied For
☐ Not Applicable

Zip
34688

Country
USA

Zip
34688

Country
USA

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

**HORN, DONALD J DDS
220 RUE DE LACS
TARPON SPRINGS, FL 34688**

Name **DONALD J HORN DMD**

Street Address (P.O. Box Number is Not Acceptable)

2605 KEYSTONE RD

City **TARPON SPRINGS**

FL

Zip Code
34688

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 resigning)

DATE

4.27.07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HORN, DONALD J DDS
220 RUE DE LACS
TARPON SPRINGS, FL 34688** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HORN, DONALD J DMD
2605 KEYSTONE RD
TARPON SPRINGS, FL 34688** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

MON

4.27.07

727-942-5700