

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 12, 2006 8:00 am
Secretary of State

05-04-2006 90019 041 ****50.00

DOCUMENT # L05000046589 1. Entity Name EDWARD A. SPECTOR, D.D.S., LLC			
Principal Place of Business 7184 S.E. CRICKET COURT STUART, FL 34997		Mailing Address 7184 S.E. CRICKET COURT STUART, FL 34997	
2. Principal Place of Business 2625 SE Stonebriar Way Suite, Apt. #, etc.		3. Mailing Address 2625 SE Stonebriar Way Suite, Apt. #, etc.	
City & State Stuart FL		City & State Stuart FL	
Zip 34997		Zip 34997	
Country		Country	
4. FEI Number 20-2825701		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GERSON, GARY N 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401		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 _____ (NOTE: Registered Agent signature required when re-issuing) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Edward A. Spector 2625 SE Stonebriar Way Stuart FL 34997	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
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 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:		2/20/06 772-463-6539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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