


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000055879	
1. Entity Name AMIT P. PATEL, D.M.D., L.L.C.	

Principal Place of Business 17605 HACKMORE PLACE LUTZ, FL 33549	Mailing Address 17605 HACKMORE PLACE LUTZ, FL 33549
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01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2957915	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, PRAVIN D 17605 HACKAMORE PLACE LUTZ, FL 33549
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**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, AMIT P 17605 HACKAMORE PLACE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, PRAVIN D 17605 HACKAMORE PLACE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SUNITA P 17605 HACKAMORE PLACE LUTZ, FL 33549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/08-80017-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Pravin D Patel* **PRAVIN D. PATEL** *MGRM*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE *1/4/08* **83-944-0215**
Date Daytime Phone