2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000087566

STREET ADDRESS

CITY-ST-ZIP



FILED

Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90064 048 ****50.00 1. Entity Name ENRIQUE G. VARGAS, DMD, LLC 20023527 Principal Place of Business Mailing Address 2841-A NW 41ST STREET 500 NW 43RD STREET GAINESVILLE, FL 32606 STE 3 GAINESVILLE, FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3427257 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent VARGAS, ENRIQUE G Street Address (P.O. Box Number is Not Acceptable) 2841-A NW 41ST STREET GAINESVILLE, FL 32606 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** TITLE TITLE ☐ Delete Change ☐ Addition VARGAS, ENRIQUE G NAME NAME STREET ADDRESS 2841-A NW 41ST STREET STREET ADDRESS CITY - ST - ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

Carion 3-30-06 ENRIQUE G. VARGAS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #