


FILED
Feb 07, 2008 8:00 am
Secretary of State

60000 -

DOCUMENT # L05000117451				02-07-2008 90086 002 ***138.75	
1. Entity Name ALBERT RUIZ, DDS FAMILY & COSMETIC DENTISTRY, LLC					
Principal Place of Business 529 U. S. 27 SOUTH SEBRING, FL 33870		Mailing Address 529 U. S. 27 SOUTH SEBRING, FL 33870			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-3941104	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		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 reinstating) _____ DATE _____					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, ALBERT		NAME		
STREET ADDRESS	529 U. S. 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, OLGA		NAME		
STREET ADDRESS	529 U. S. 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone _____					