

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90041 001 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000117837

1. Entity Name
COX & HANLEY, D.M.D., PLC



Principal Place of Business
**23321 NW CR 236
HIGH SPRINGS FL 32643
US**

Mailing Address
**23321 NW CR 236
HIGH SPRINGS FL 32643
US**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

10-3939442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COX, CHARLES G JR.
23321 NW CR 236
HIGH SPRINGS FL 32643**

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

Charles G. Cox Jr.
Signature, by which created name of registered agent and title is indicated. (NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	COX, CHARLES G JR.	
STREET ADDRESS	23321 NW CR 236	
CITY- ST- ZIP	HIGH SPRINGS FL 32643	
TITLE	MGRM	☐ Delete
NAME	HANLEY, JEFFREY	
STREET ADDRESS	23321 NW CR 236	
CITY- ST- ZIP	HIGH SPRINGS FL 32643	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles G. Cox Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #