

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000121535

1. Entity Name  
THURSTON & ACOSTA DENTAL ASSOCIATES, PL



Principal Place of Business  
308 E PARK STREET  
AUBURNDALE, FL 33823

Mailing Address  
308 E PARK STREET  
AUBURNDALE, FL 33823



01302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3974549

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THURSTON, FREDERICK D  
308 E. PARK STREET  
AUBURNDALE, FL 33823

**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**

U000000229026  
02/26/08-80017-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME THURSTON DENTAL ASSOCIATES, PA  
STREET ADDRESS 308 E PARK STREET  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE MGRM  
NAME ACOSTA DENTAL ASSOCIATES, PL  
STREET ADDRESS 308 E PARK STREET  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Frederick D. Thurston, PMD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/11/08

Date

863 967 7548

Daytime Phone #