


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90116 011 ***138.75

DOCUMENT # L06000059909 1. Entity Name ALL ASPECTS DENTAL - ORLANDO, LLC	
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Principal Place of Business 2130 WEST COLONIAL DRIVE ORLANDO, FL 32804 US	Mailing Address 13109 LONG PINE TRAIL CLERMONT, FL 34711
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50003688



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2130 West Colonial Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Orlando, FL
Zip	Country USA

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5026848	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PIKE, CHARLES F 2130 WEST COLONIAL DRIVE ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIKE, CHARLES F 2130 WEST COLONIAL DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/08 (407) 654-9208

Date Daytime Phone #