2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90191 039 ****50.00

DOCUMENT # L06000064393

1. Entity Name
LILIANA MARSHALL D.M.D., PLLC

60020162

Principal Place of Business	Mailing Address
3681 SOUTHWEST COQUINA COVE WAY, #206 PALM CITY, FL 34990	3681 SOUTHWEST COQUINA COVE WAY, #206 PALM CITY, FL 34990

02132007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1202 SE. Port St Lucie Blvd	3681 SW Coquina Cove Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt 206
City & State: Port St. Lucie FL	City & State: Palm City FL
Zip: 34952 Country: Port St. Lucie	Zip: 34990 Country: Martin

4. FEI Number 22-3937052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 hereby accept the appointment as registered agent and agree to comply with the obligations of registered agent

SIGNATURE [signature] 2/21/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARSHALL, LILIANA		NAME	
STREET ADDRESS	3681 SOUTHWEST COQUINA COVE WAY, #206		STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARSHALL, LILIANA		NAME	
STREET ADDRESS	3681 SOUTHWEST COQUINA COVE WAY, #206		STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990		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		☐ Delete	TITLE	☐ Change ☐ 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] 2/21/07 941-807-4748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE