

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
3681 SOUTHWEST COQUINA COVE WAY, #206
PALM CITY, FL 34990

Mailing Address
3681 SOUTHWEST COQUINA COVE WAY, #206
PALM CITY, FL 34990

2. Principal Place of Business - No P.O. Box #
1202 SE. PCA ST WORE
Suite, Apt. #, etc. Blvd

3. Mailing Address
3681 SW Laguna Careway
Suite, Apt. #, etc. Apt 206

02132007 Chg-LLC CR2E083 (12/06)

City & State
PCA St. Wore FL

City & State
Palm City FL

Zip
34952

Country
FLA St. Wore

Zip
34990

Country
Mortin

4. FEI Number
22-3937052

Applied Fee
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

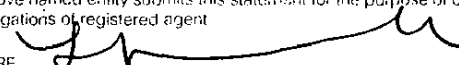
Street Address (P.O. Box Number is Not Applicable)

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, for the purpose of changing the obligations of registered agent

SIGNATURE  2/21/07

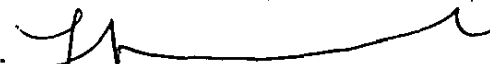
Signature, typed or printed name of registered agent and title if applicable (If the registered agent signed on behalf of a corporation)

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 ☐ Add
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 ☐ Add
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 ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 609, Florida Statutes.

SIGNATURE:  2/21/07 941-807-4746

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