

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90030 029 ****50.00

DOCUMENT # L06000093068	
1. Entity Name JEFFREY K. PACHA, D.D.S., P.L.	

Principal Place of Business 271 W. CANTON AVENUE WINTER PARK, FL 32789	Mailing Address 271 W. CANTON AVENUE WINTER PARK, FL 32789
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20001046

2. Principal Place of Business - No P.O. Box # 271 W. Canton Ave	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Park FL	City & State FL
Zip 32789	Country ORANGE



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5604403	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PACHA, JEFFREY K 271 W. CANTON AVENUE WINTER PARK, FL 32789	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: JEFFREY K. PACHA, D.D.S., P.L. DATE: 9 Jan 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PACHA, JEFFREY 271 W. CANTON AVENUE WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: JEFFREY K. PACHA, D.D.S., P.L. DATE: 9 Jan 07 DAYTIME PHONE: 4076471346

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