

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90045 018 ***138.75

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

60001309



2. Principal Place of Business - No P.O. Box #

320 N. MAITLAND

3. Mailing Address

320 N. MAITLAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-LLC CR2E083 (12/06)

City & State

MAITLAND FL

City & State

MAITLAND FL

4. FEI Number
20-5604403

Applied For
Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM PACHA, JEFFREY ☐ Delete
STREET ADDRESS 271 W. CANTON AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Jeffrey K Pacha, D.D.S., P.L. ☒ Change ☐ Addition
STREET ADDRESS 320 N MAITLAND AVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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]*

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

Date

Daytime Phone #

1/8/08