

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

03-29-2007 90181 046 ****50.00

30005215



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000113336 1. Entity Name ELITE DENTAL, LLC																																																																																																					
Principal Place of Business 851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714			Mailing Address 851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																		
4. FEI Number 20-5933055				Applied For ☐ Not Applicable																																																																																																	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MARTIN, MIRTHA V CPA 420 S COUNTRY CLUB ROAD LAKE MARY FL 32746																																																																																																	
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 re-registering)																																																																																																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>OLMOS, RODOLFO A</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GAITAN, GERMAN</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIDDLETON, MANUEL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	OLMOS, RODOLFO A		STREET ADDRESS			CITY- ST- ZIP	851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714		CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	GAITAN, GERMAN		STREET ADDRESS			CITY- ST- ZIP	851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714		CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	MIDDLETON, MANUEL		STREET ADDRESS			CITY- ST- ZIP	851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714		CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	OLMOS, RODOLFO A		STREET ADDRESS																																																																																																		
CITY- ST- ZIP	851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714		CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	GAITAN, GERMAN		STREET ADDRESS																																																																																																		
CITY- ST- ZIP	851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714		CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	MIDDLETON, MANUEL		STREET ADDRESS																																																																																																		
CITY- ST- ZIP	851 WEST STATE ROAD 436 SUITE 1021 ALTAMONTE SPRINGS FL 32714		CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
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 Section 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: 03/16/07 Date																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																					