

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-16-2008 90116 010 ***138.75

DOCUMENT # L07000043219 1. Entity Name ALL ASPECTS DENTAL GROUP - OAKLAND, LLC					
Principal Place of Business 301 SOUTH TUBBS SUITE D2 OAKLAND, FL 34760			Mailing Address 301 SOUTH TUBBS SUITE D2 OAKLAND, FL 34760		
2. Principal Place of Business - No P.O. Box # 301 South Tubb Street		3. Mailing Address P.O. Box 1085			
Suite, Apt. #, etc. Suite D2		Suite, Apt. #, etc. 			
City & State Oakland, FL		City & State Oakland, FL		4. FEI Number 20-8984720	
Zip 34760		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIKE, CHARLES F DMD 301 SOUTH TUBBS SUITE D2 OAKLAND, FL 34760		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when resigning) 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIKE, CHARLES F DMD 13109 LONG PINE TRAIL CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3/31/08 (477) 654-9208 <small>Daytime Phone #</small>		