

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L96000000450

1. Entity Name
JONATHAN S. PETROVER, D.D.S., LC



Principal Place of Business
**6609 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413**

Mailing Address
**6609 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413**



07062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0682130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETROVER, JONATHAN S D.D.S.
7456 DUBLIN DR.
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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

J.S. Petrover

(NOTE: Registered Agent signature required when reinstating)

7/18/06

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
PETROVER, JONATHAN S D.D.S.
7456 DUBLIN DR.
BOCA RATON, FL 33433**

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U00000571772
07/21/06-80012-008 50.00

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IN THIS SPACE**

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

J.S. Petrover

7/18/06

DATE

Daytime Phone #

561-433-0008