

2<sup>nd</sup> and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001592

BARTON-CYKER DENTAL SUPPLY OF FLORIDA, L.L.C.  
2000 GLADES ROAD, SUITE 400  
BOCA RATON FL 33431

1a. Principal Place of Business Address

~~2000 GLADES ROAD, SUITE 400~~  
~~BOCA RATON FL 33431~~

2 Principal Place of Business

5111 RIO VISTA AVE

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

Zip

33634

Country

HILLSBOROUGH

Zip

Country

3. Date Organized or Qualified

08/26/1998

3a. State of Formation

FL

4. FEI Number

65-0860082

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

☐ In Addition to Existing ☐

7. Name and Address of Current Registered Agent

HRAWG CORP.,  
2000 GLADES ROAD, SUITE 400  
BOCA RATON FL 33431

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

BARTON-CYKER DENTAL SU

427-B HAYDEN STATION ROAD

WINDSOR CT

600002999196---9  
-03/28/99--01050--010  
\*\*\*\*588.75 \*\*\*\*588.75

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

FRED CYKER 8-20-99

877-786-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #