

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001359

1. Entity Name

KUSSICK ORTHODONTIC SYSTEMS, L.L.C.



Principal Place of Business

3884 CLIPPER COVE DRIVE
NAPLES, FL 34112

Mailing Address

3884 CLIPPER COVE DRIVE
NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE



08022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

22-3423826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUSSICK, LEON
3884 CLIPPER COVE DRIVE
NAPLES, FL 34112

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

000000170114
08/16/04-80002-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KUSSICK, LEON
STREET ADDRESS	3884 CLIPPER COVE DRIVE
CITY - ST - ZIP	NAPLES, FL 34112

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: _____

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

8/10/04

Date

Daytime Phone #