


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001359 1. Entity Name KUSSICK ORTHODONTIC SYSTEMS, L.L.C.	
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Principal Place of Business 3884 CLIPPER COVE DRIVE NAPLES, FL 34112	Mailing Address 3884 CLIPPER COVE DRIVE NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE

02192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 22-3423826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000842724
03/11/08-80042-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUSSICK, LEON 3884 CLIPPER COVE DRIVE NAPLES, FL 34112
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**DO NOT WRITE
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: *Leon Kussick* **2-26-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #