

2006 **LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L 9900000 2431

1. Entity Name

A + DENTAL, L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL -5 AM 8:50

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4122 ROWAN RD  
Suite, Apt. #, etc.

3. Mailing Address  
4122 ROWAN RD.  
Suite, Apt. #, etc.

City & State  
NEW PORT RICHEY, FL  
Zip 34653 Country USA

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NEW PORT RICHEY, FL  
Zip 34653 Country USA

FEI Number  
59-3575877

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

CR2E083B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DONALD J. KLAG

Street Address (P.O. Box Number is Not Acceptable)  
4122 ROWAN RD

City NEW PORT RICHEY FL Zip Code 34653

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONALD J. KLAG 4122 ROWAN RD NEW PORT RICHEY, FL 34653
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11. I 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 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: Donald J. Klag DONALD J. KLAG

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

June 27, 2006

Date

727-375-1199

Daytime Phone #