# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# L99000007391

**Entity Name:** SOPHIA PARPIA, D.D.S., P.L.L.C.

**Current Principal Place of Business:**

687 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

687 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number: 59-3608958** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R ESQ.
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

PARPIA, AMMAN
221 CAPRI COVE PLACE
SANFORD, FL 32771 US

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.

SIGNATURE: AMMAN PARPIA 04/26/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: ASHIFA PARPIA,
Address: 221 CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: PARPIA, ASHIFA
Address: 221 CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ASHIFA PARPIA MGRM 04/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date