


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90239 001 ****50.00
02-04-2004 90239 002 *****5.00

DOCUMENT # L99000007708

1. Entity Name
FLORIDA DENTURE CLINIC WEST, LLC



Principal Place of Business Mailing Address
12116 COBBLESTONE DRIVE HUDSON FL 34667 **12116 COBBLESTONE DRIVE HUDSON FL 34667**

2. Principal Place of Business: **12116 Cobblestone Dr.** 3. Mailing Address: **12116 Cobblestone Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State: **Hudson FL 34667** City & State: **Hudson FL**
Zip: Country: **USA** Zip: **34667** Country: **USA**

4. FEI Number: **59-3609995** Applied For: Not Applicable:

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



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
**A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name: **Donna R. Jones**
Street Address (P.O. Box Number is Not Acceptable):
12116 Bluefish Dr.
City: **Hudson** State: **FL** Zip Code: **34667**

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: *Donna R. Jones* **Donna R. Jones** DATE: **1-21-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DONNA R 12116 COBBLESTONE DR. HUDSON FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Donna R. Jones* **Donna R. Jones** Date: **1-21-04** Daytime Phone #: **727-8192440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE