


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007708 1. Entity Name FLORIDA DENTURE CLINIC WEST, LLC	
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Principal Place of Business 12116 COBBLESTONE DRIVE HUDSON, FL 34667	Mailing Address 12116 COBBLESTONE DRIVE HUDSON, FL 34667
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**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3609995</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DONNA R  
7480 OAK TREE LANE  
WEEKIE WACHEE, FL 34607

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

000000570101  
07/13/06-80018-007 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DONNA R 12116 COBBLESTONE DR. HUDSON, FL 34667
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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:** *Donna R Jones* **7/10/06** **727-819-2440**

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