


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # M03000003722 1. Entity Name GENTLE DENTAL OF LEE COUNTY, LLC		
Principal Place of Business 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919	Mailing Address 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HALL, LARRY 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919		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) Signature: typed or printed name of registered agent and title if applicable. DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM HALL, LARRY 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919	
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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 606, Florida Statutes. SIGNATURE: <u>Lawrence A. Hall, Managing member, 4/23/06 239-482-0429</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0343239

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000534095
05/05/06-80150-005 50.00